

BILINGUAL INTERNATIONAL SCHOOL

STUDENT APPLICATION FORM

FOR O	OFFICE USE ONLY				
Date					21 .
Receipt №					Photo
Status					
STUDENT INFORI	MATION				
Class Requested: Last Name:	кд1□	kg2□		кǥз□	GRADE:
Date of Birth: do	<u>d/mm/yyyy</u> Age:		Gender:	Male	Female \Box
			, –		
Nationality (ies):			Native Lan	guage:	
1)			Other Lang	guages:	
2)					
Additional 3 rd lan option):	guage (grade 1 and up, choo	se only 1	French□		Arabic□
Detailed: Address	s				
Mov: Previous School(s	s):		Mov:		

Name & Locat	Class	Language	Year	
AMILY INFORMATION				
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arents Status		orced Other:		
f divorced, please specify wit				
Full Name	Father / 0	Guardian	Mother / G	uardian
Phone Number				
☐ WhatsApp				
Email Address				
Profession				
Company Name				
Company Name				
Work Address				
ees will be paid by:				
	·			
Parent 🗆 Guardian 🗖 Eame:				
IF:				
		_		
SIBLING INFORMATION				
Name	Age		School	

ther information you would like to share with the school: onfirm that the information given in this form is true, complete, and accurate, with the unconditional acceptan all CISA Parents/Students Handbook, enrollment conditions and financial rules. Il Name: Date: Signature:					
Full Name Phone Number(s) Relation Address Can Allow Student to Leave School Yes No Yes No Yes No Yes No Yes No Yes No Yes No No HER INFORMATION THER INFORMATION THER INFORMATION Students Handbook, enrollment conditions and financial rules. Iname: Date: Signature: Sig					
Full Name Phone Number(s) Relation Address Can Allow Student to Leave School					
Full Name Phone Number(s) Relation Address Can Allow Student to Leave School Yes No No Yes No No No No No No No N	MEDGENCY CONTA	CTS			
Full Name Phone Number(s) Relation Address Student to Leave School Yes No No Yes No No Yes No No Yes No No No No No No No N	MERGENCY CONTA	icis			
THER INFORMATION ther information you would like to share with the school: ponfirm that the information given in this form is true, complete, and accurate, with the unconditional acceptant all CISA Parents/Students Handbook, enrollment conditions and financial rules. I Name: Date: Signature: elation to Student:	Full Name	Phone Number(s) Relation	Address	Student to Leave
THER INFORMATION ther information you would like to share with the school: confirm that the information given in this form is true, complete, and accurate, with the unconditional acceptant all CISA Parents/Students Handbook, enrollment conditions and financial rules. I Name: Date: Signature:					☐ Yes
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Required documents:	
Student copy of Passport and visa or ID.	
3 recent pictures (passport size).	
Filled Application Form.	
Filled Medical Form.	
Photocopy of the Vaccine Bulletin.	
Filled Student Pick Up Authorization Form (KG1 to G3).	
Original academic end of year reports for the previous 3 years.	
NIF Copy of Individual/Organization responsible of payments	
NOTE: Students coming from schools outside of Angola must have all documents officially translated to Portuguese and must be stamped by the ministry of education and ministry foreign affairs in the count then by the embassy of Angola in the country of origin.	