



## NEW ADMISSION FORM Academic Year 2025-2026

Date: \_\_\_\_\_

### STUDENT INFORMATION

First Name \_\_\_\_\_ Family Name / Surname \_\_\_\_\_

Date of Birth: DD/MM/YY         Gender ☐ Male ☐ Female  
DAY MONTH YEAR

Current Year/Grade \_\_\_\_\_ Current School \_\_\_\_\_

Grade Applying for \_\_\_\_\_ Academic Year \_\_\_\_\_

Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Curriculum of Current School \_\_\_\_\_

Reason(s) for Transfer for Current School to DIPS-G \_\_\_\_\_

Please, provide details of any medical condition (including allergies), disabilities, or learning difficulties for your child. You must disclose any factor which may affect your child's ability to cope independently in a school environment. If your child has learning difficulties and follows an IEP, this must be presented at the time of application. Any offer made by the school is subject to being able to meet the individual needs of the child.

Has your child ever been diagnosed with the following:

Dyslexia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dyscalculia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning Difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Language/Speech Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attention Deficit Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Autism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emotional Difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Behavioural Difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attention Deficit Hyperactivity Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other: Please, specify _____		

If yes, please give details \_\_\_\_\_

Does your child have any allergies or food intolerance? If yes, please give details.

Does the new student have siblings at DIPS-G? Yes ☐ No ☐If yes, please provide Family ID # 

School Principal: \_\_\_\_\_



**\*Transportation:** Do you require transportation services: 2-way ☐ 1-way ☐ No ☐

Address Details \_\_\_\_\_

**\*For Non-Native English Speakers**

Mother Tongue \_\_\_\_\_

Secondary Language (KG onwards) ☐ French ☐ Spanish ☐ Other: Please, specify \_\_\_\_\_

Is English used at Home ? Yes ☐ No ☐

**\*SIBLING(S) INFORMATION**

#	Name	Date of Birth	Current Grade	Promoted to Grade	Current School
1					
2					
3					
4					

**\*PARENT INFORMATION**

*Details of Father*

Name \_\_\_\_\_

Nationality \_\_\_\_\_

Mobile \_\_\_\_\_

Home Landline \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation/Place of Work \_\_\_\_\_

**Family Status:** Married ☐ Divorced ☐

Please, check the box for primary contact: Father ☐ Mother ☐

*Details of Mother*

Name \_\_\_\_\_

Nationality \_\_\_\_\_

Mobile \_\_\_\_\_

Home Landline \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation/Place of Work \_\_\_\_\_

**\*Emergency Contact Details:**

Name \_\_\_\_\_ Mobile \_\_\_\_\_

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

**Registration office Note:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_