



APPLICATION FORM 2018/2019

Please attach a recent photo of your child

Child's name: _____

Current age: _____ years _____ months

For entry to (please circle):

EARLY YEARS (3 to 6 year old children) PS, MS, GS Pré escolar	PRIMARY YEARS (6 to 12 year old children)					
	Grade 1 CP 1º ano	Grade 2 CE1 2º ano	Grade 3 CE2 3º ano	Grade 4 CM1 4º ano	Grade 5 CM2 5º ano	Grade 6 6ème 6º ano

Language and mathematics learning in **Primary Years** to be completed in (please circle): FRENCH / PORTUGUESE

GENERAL INFORMATION

Student's information

Child's first names			
Child's last name			
Date of birth		Sex	M F
Place of birth (City, Country)			
ID or Passport n°			
NIF			
Social Security Number			
Current home address			
Postal code		City	

FAMILY INFORMATION

	Mother	Father	Guardian
First name			
Last name			
Nationality			
Place of birth			
ID or Passport n°			
NIF			
Address (if different from child's)			
Post code			
Profession			
Mobile			
Email address			

Circumstances of parents/guardians (please circle):

Married/civil union

Divorced

Separated

Other

Brothers and sisters

Name	Date of birth	Current school	Applying to Redbridge (Y/N)?

CHILD'S PROFILE

Please help us to get to know your child a bit better

Personality	
Interests and hobbies	
Likes	
Dislikes	
Strengths	
Why do you feel Redbridge is the right school for your child?:	

Does your child partake in any extra-curricular activities?

Activities	Frequency	Place / club
▪		
▪		
▪		
▪		

LANGUAGES

Language		No prior exposure	Beginner	Intermediate	Advanced	Native-speaker
1. English	Spoken					
	Understood					
	Written					
2. French	Spoken					
	Understood					
	Written					
3. Portuguese	Spoken					
	Understood					
	Written					
4.	Spoken					
	Understood					
	Written					
5.	Spoken					
	Understood					
	Written					
6.	Spoken					
	Understood					
	Written					

EDUCATIONAL BACKGROUND

Current school of attendance

Name	
Location	
Grades attended	
Language(s) of instruction	

Does your child require any extra support at school? (If so, please give details)

MEDICAL INFORMATION

Does your child have or has your child ever experienced any of the following? If so, please give details.

Diabetes		Headaches		A visual impairment	
Epilepsy/ convulsions		Regular ear infections		A hearing impairment	
Serious injury		Asthma		A speech impairment	
Surgery		Allergies		Other	

Is your child currently receiving any medical treatment? <i>If so please give details</i>	
Is your child required to receive this treatment in school time?	
Please provide any other information regarding your child's health.	

Where did you hear about our school?	
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Application should be submitted by email to admissions@redbridgeschool.com, with the following documentation:

- Application form, completed and signed by the child's parents/guardians
- Recent passport size photo
- Copy of most recent school report (if applicable)

* * *

I would like to apply for my child to attend Redbridge Primary School and have filled out this form to the best of my ability with all the accurate, relevant and important details required.

I understand that my child's place at the school is not secured until an email of acceptance has been sent by the school after this application form has been received. At this point the enrolment process can begin.

_____ / _____
Parent signature

_____ / _____ / 20.....
Date