

STUDENT REGISTRATION FORM



Student
Ref N^o:

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Photo

Office use only:

Applying for School Year: ____ / ____

Applying for Year Level: _____

Date Entry: ____ / ____ / ____

Date Exit: ____ / ____ / ____

STUDENT'S PERSONAL DETAILS:

Surname: _____

First name and middle names: _____

Name by which student is called: _____

Date of Birth: ____ / ____ / ____ (dd/mm/yyyy)

Nationality (passport held): _____
(Please provide a copy of identity document)

Fiscal/VAT number : _____

Male Female

Home Address:

Tel: _____

Student's mobile: _____

Postal Code: _____

Student's email: _____

Country: _____

LANGUAGE PROFILE

At OIS we offer Language + Literature in English, Portuguese, French, Dutch, MYP Chinese, DP+CP Mandarin and Spanish. Only bilingual students who are equally strong in Portuguese, English, French or Spanish will study both as Language A; most students will choose one of those as their main language and study the other as Language Acquisition.

Please tick TWO of the boxes below.

You should **only** tick Language A for **both** languages if your son/daughter is fully bilingual. Language A is a language and literature course for native speakers.

If the student is not strong in either English or Portuguese, then the student must follow a mother tongue course in his/her own language. Please inform us if this is the case.

Mother tongue: _____

ENGLISH A	PORTUGUESE A	FRENCH A	DUTCH A	MANDARIN A	SPANISH A

We reserve the right to move students from A classes to B classes (and vice-versa), during the year, on teachers' advice.

STUDENT REGISTRATION FORM

PARENTS'/GUARDIAN'S DETAILS:

FATHER / GUARDIAN:

SURNAME _____

FIRST _____

NAME _____

ADDRESS _____

POSTAL _____

CODE _____

COUNTRY _____

HOME _____

TEL. Nº. _____

MOBILE _____

Nº _____

EMAIL _____

COMPANY _____

NAME _____

COMPANY _____

TEL. Nº _____

MOTHER :

SURNAME _____

FIRST NAME _____

ADDRESS _____

POSTAL CODE _____

COUNTRY _____

HOME TEL. Nº. _____

MOBILE Nº _____

EMAIL _____

COMPANY _____

NAME _____

COMPANY TEL. _____

Nº _____

CONTACT IN CASE OF EMERGENCY (IN ORDER OF PRIORITY):

1) TELEPHONE Nº: _____

2) TELEPHONE Nº: _____

Do you give the school permission to divulge your contact details to the Parent Club? YES / NO

STUDENT'S PREVIOUS SCHOOL:

Name: _____

Address: _____

Postal Code: _____

Country: _____

Tel: _____

Mobile: _____

Email: _____

Year of admission: _____

Year of departure: _____

Reason for Leaving: Completion Family move Transfer Exclusion

(Please provide Transcripts from previous school)

SCHOOL MEALS:

There is a school cafeteria on the premises, offering a full three-course meal at lunchtime.

Alternatively, students have access to microwaves to heat food brought from home.

SCHOOL LUNCH

FROM HOME*

*I understand that the school cannot accept liability for any health issues arising from eating food brought from home and reheated in school. It carries no insurance for these cases.

PARENT'S SIGNATURE:

STUDENT REGISTRATION FORM

PAYMENT DETAILS FOR INVOICING:

NAME ON INVOICE: _____

VAT Nº / NIF: _____

ADDRESS: _____

Bank: Santander Totta
Account Nº: 0003 2313 74660 20
NIB: 0018 0003 2313746 6020 89
IBAN: PT50 0018 0003 2313746 6020 89
Swift Code: TOTAPTPL

I UNDERSTAND THAT SHOULD ANY OF THE ABOVE INFORMATION CHANGE AT ANY TIME, I WILL NOTIFY THE SCHOOL IN WRITING.

Loss or Damage to Pupils' Property

I understand that the school cannot accept liability for the loss or damage to students' property which is brought onto school premises. The school carries no insurance for liability of either student or staff possessions. Parents are advised not to allow students to bring valuables to school.

Data Protection Act

Basic information about the student is held on file to assist with efficient organization of the school. Security measures are taken to ensure that the information is kept confidential and is only available to authorized staff. The entities to whom the school may need to disclose information are family, guardians, trustees, doctors, and other health advisers, local education authorities and social services. Only the minimum information necessary will be disclosed. The policy is subject to any law which requires the school to provide information. IF YOU DO NOT WISH INFORMATION CONCERNING YOUR CHILD TO BE DISCLOSED TO THE ABOVE AUTHORITIES, PLEASE TICK HERE:

School Code of Conduct

Have you read the Student & Parent Handbook on our webpage covering the main points of the school policy? YES / NO

I agree to random drug testing. YES / NO

SIGNATURE OF PARENT / GUARDIAN:

DATE:

CHECKLIST FOR OFFICE USE ONLY:

<input type="checkbox"/> 2 recent photographs	<input type="checkbox"/> Report card or transcript for all school years
<input type="checkbox"/> Copy of Vaccination Card	<input type="checkbox"/> Clearance Letter
<input type="checkbox"/> Copy of ID or Passport	<input type="checkbox"/> Parent Authorisation Form