Sintra International Christian Academy
Enrollment Form: 2017/18

YOUR €200.00 REGISTRATION FEE MUST BE ATTACHED TO THIS FORM
(The registration fee for additional siblings will be €100.00 each, to be submitted at the time of their registration. **Non-refundable**)

***Personal Information:**

Student's Full Name: _____

Gender: M_____ F_____ Languages Spoken At Home: _____

Passport Number:_____ Date of Birth: _____

Place of Birth:_____ Grade Entering:_____

Address: _____

City, Zip-Code: _____

Student Lives With: both parents / mother / father / other legal guardian

Mother's Name:_____

Mother's Cell:_____ Mother's Work No:_____

Mother's email:_____

Father's Name:_____

Father's Cell:_____ Father's Work No:_____

Father's email:_____

Emergency Contact's Name (besides parents): _____

Relationship:_____ Phone Number:_____

Email:_____

Do you attend a Church?: Yes____ No ____ Religious Affiliation: _____

Name of Church: _____

Does the student have any Siblings? If so, please fill in the chart below:

Name:	Gender:	Age:

***Academic Information:**

Last School Attended:_____

Last Grade Completed:_____

Has the student ever repeated a grade? _____ If so, which?_____

Does the student have any medical conditions? If so, please describe: _____

_____

Does the student take any medication for his/her condition?_____

Is the student allergic to any food or medication? If so, please describe: _____

_____

_____

Parent Signature:_____ **Date:**_____