



Student Name: _____
Last First Middle

Nationality: _____ Male Female BVIlander/BVI Belonger Yes No

Date of Birth: ____/____/____ Languages Spoken: _____
Day Month Year

Application for school term / year beginning (Month /Year): _____ For Grade: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Fax: _____ E-Mail: _____

Mailing Address: _____

Mother's Employer: _____ Phone: _____

Father's Employer: _____ Phone: _____

Schools in Order of Attendance (most recent first): School Name /Grade or Class /Dates of Attendance



ENROLMENT CHECK LIST

The following must be included with your enrolment application (please check):

- Non-refundable \$300.00 Application Fee
- Cedar Health Form
- Cedar Emergency Information Form
- Student Evaluation Form
- Copy of Grade Reports (2 years)
- Copies of academic or relevant health assessments and/or SEN documentation.
- Copy of most recent Immunisation Record
- Copy of Birth Certificate & Passport page/Belonger Card
- Copy of permission letter from the Department of Education (transferring students)
- Two passport size photographs

Parent Signature

Date (Day/Month /Year)

FAILURE TO ANSWER TRUTHFULLY ANY PART OF THIS APPLICATION MAY RESULT IN IMMEDIATE TERMINATION OF EDUCATIONAL OPPORTUNITIES AT CEDAR INTERNATIONAL SCHOOL.