

ADMISSION FORM SIS SWISS INTERNATIONAL SCHOOL BRASÍLIA

INFORMATION ABOUT APPLYING STUDENT'S PARENT A

Complete name:

RG:	CPF:
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Nationality:	Country of birth:
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Education:

E-mail:

Profession:	Current position:
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Residential address:

Number/Complement	Residential district:	CEP:
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Residential phone number:	Commercial phone number:	Mobile:
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INFORMATION ABOUT APPLYING STUDENT'S PARENT B

Complete name:

RG:	CPF:
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Nationality:	Country of birth:
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Education:

E-mail:

Profession:	Current position:
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Residential address:		
Number/Complement	Residential district:	CEP:

Residential phone number:	Commercial phone number:	Mobile:
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INFORMATION ABOUT APPLYING STUDENT

Complete name:

Date of birth:	Nationality:	Country of birth:
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Desired class:

School of origin (if applicable):	Class of origin (if applicable):
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Did the student pass the last academic year? () yes () no	Reason for school change:
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IMPORTANT INFORMATION

1 – How did the family get to know about SIS SWISS INTERNATIONAL SCHOOL (website, friends, etc.)? If indicated, please mention the name of the indicating person(s).

2 – What is the importance of an international education for your family? Does the student speak or have an understanding of any other language?

3 – Did / does the applying student have any pedagogical and/or disciplinary issues in the school of origin?
If so, which ones?

4 – Is the applying student undergoing any medical, psychological or therapeutic treatment or anything alike? If so, which ones? (Please attach a copy of a professional report)

5 – Other comments / observations you would like to make:

We declare that the information provided herein is accurate, correct and complete.

Brasília, _____ (day) _____ (month) _____ (year).

Signature of father of applying student

Signature of mother of applying student