



## ADMISSION FORM

### ESCOLA SUÍÇO-BRASILEIRA RIO DE JANEIRO BY SIS SWISS INTERNATIONAL SCHOOL

| CANDIDATE STUDENT INFORMATION   |   |                                       |           |
|---|---|---------------------------------------|-----------|
| Full Name:  |   | Date of Birth:                        |           |
| Nationality:  | City of Birth:  | RG/Brazilian ID (if applicable):      |           |
| CPF:  | Residential Address:  |                                       |           |
|   |   |                                       | District: |
| City:   | Postal Code:  | Home Phone:                           |           |
| Mobile:   | Entrance Year Level (please also indicate preferred language section):<br>( ) German ( ) French ( ) English |                                       |           |
| Please include an alternative option, in case there is no vacancy in the preferred language section: ( ) No ( ) Yes<br>Language section – 2 <sup>nd</sup> Option: _____ |   |                                       |           |
| School of Origin (if applicable):   |   | Year Level of Origin (if applicable): |           |
| Did the student pass the last academic year?<br>( ) Yes ( ) No  |   | Reason for changing school:           |           |
| PARENT/GUARDIAN #1 INFORMATION  |   |                                       |           |
| Full Name:  |   | Date of Birth:                        |           |
| Nationality:  | City of Birth:  | Marital Status:                       |           |
| RG/Brazilian ID (if applicable):  | CPF:  |                                       |           |
| Residential Address:  |   |                                       |           |
|   |   | District:                             | City:     |
| Postal Code:  | Home Phone:   | Mobile:                               |           |
| E-mail:   |   |                                       |           |
| Company:  |   | Profession:                           |           |
| Work Address:   |   |                                       |           |
| District:   | City:   | Postal Code:                          |           |
| Work Phone 1:   |   | Work Phone 2:                         |           |
| PARENT/GUARDIAN #2 INFORMATION  |   |                                       |           |
| Full Name:  |   | Date of Birth:                        |           |
| Nationality:  | City of Birth:  | Marital Status:                       |           |
| RG/Brazilian ID (if applicable):  | CPF:  |                                       |           |
| Residential Address:  |   |                                       |           |
|   |   | District:                             | City:     |
| Postal Code:  | Home Phone:   | Mobile:                               |           |
| E-mail:   |   |                                       |           |
| Company:  |   | Profession:                           |           |
| Work Address:   |   |                                       |           |
| District:   | City:   | Postal Code:                          |           |
| Work Phone 1:   |   | Work Phone 2:                         |           |

| PERSON FINANCIALLY RESPONSIBLE (IF DIFFERENT FROM THE PARENTS/GUARDIANS MENTIONED ABOVE) |                |                    |       |
|--|----------------|--------------------|-------|
| Full Name:   |                | Date of Birth:     |       |
| Nationality:   | City of Birth: | Marital Status:    |       |
| RG/Brazilian ID (if applicable):   | CPF:           | Degree of Kinship: |       |
| Residential Address:   |                |                    |       |
|  |                | District:          | City: |
| Postal Code:   | Home Phone:    | Mobile:            |       |
| E-mail:  |                |                    |       |
| Company:   |                | Profession:        |       |
| Work Address:  |                |                    |       |
| District:  | City:          | Postal Code:       |       |
| Work Phone 1:  |                | Work Phone 2:      |       |

Person(s) responsible for finances:     Parent/Guardian 1     Parent/Guardian 2     Other: \_\_\_\_\_

Person(s) responsible for education:     Parent/Guardian 1     Parent/Guardian 2     Other: \_\_\_\_\_

### IMPORTANT INFORMATION

1 – How did the family hear about Escola Suíço-Brasileira Rio de Janeiro by SIS Swiss International School (website, friends, etc.)? If indicated by someone, please mention the name of the person(s).

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2 – What is the importance of an international education for your family? Does the student speak or understand any additional languages?

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3 – Did/does the applying student have any pedagogical and/or behavioural issues in the school of origin? If so, please explain the issues.

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4 – Is the applying student undergoing any medical, psychological, or therapeutic treatment or anything similar? If so, please explain and attach a copy of a professional report.

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5 – Describe, in a few words, the main personal traits, likes and interests of your child.

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We declare that the information provided herein is accurate and complete and that we are aware of the admission process.

Rio de Janeiro, \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year).

\_\_\_\_\_  
Signature of parent/guardian 1 of applying student

\_\_\_\_\_  
Signature of parent/guardian 2 of applying student