



Edopia

A School for the Changing World

# ADMISSION APPLICATION

- \* Name of person completing application \_\_\_\_\_
- \* Relationship to student/s \_\_\_\_\_
- \* Desired date of enrollment \_\_\_\_\_
- \* Country of residence at time of application \_\_\_\_\_
- \* How did you hear about Edopia?
  - Facebook
  - TV Advertisement
  - Roadside Advertisement
  - Edopia Parent
  - Friend
  - Other \_\_\_\_\_

## FAMILY INFORMATION

### PARENT/GUARDIAN #1

- \* Given Name \_\_\_\_\_
- \* Surname \_\_\_\_\_
- \* Relationship to applicant \_\_\_\_\_
- \* Email address \_\_\_\_\_
- \* Best number to reach you \_\_\_\_\_
- \* Best time to contact you \_\_\_\_\_
- \* Nationality \_\_\_\_\_
- \* Occupation \_\_\_\_\_
- \* Address \_\_\_\_\_

### PARENT/GUARDIAN #2

- Given Name \_\_\_\_\_
- Surname \_\_\_\_\_
- Relationship to applicant \_\_\_\_\_
- Email address \_\_\_\_\_
- Best number to reach you \_\_\_\_\_
- Best time to contact you \_\_\_\_\_
- Nationality \_\_\_\_\_
- Occupation \_\_\_\_\_

### STUDENT

#### GENERAL INFORMATION

- \* Given name \_\_\_\_\_
- \* Surname \_\_\_\_\_
- \* Date of birth (dd-mmm-yyyy) \_\_\_\_\_
- \* Gender (Male Female) \_\_\_\_\_

- \* Nationality \_\_\_\_\_
- \* Student living with \_\_\_\_\_
- \* Grade applying for \_\_\_\_\_

### ACADEMIC HISTORY

- \* Name of School \_\_\_\_\_
- \* School Location \_\_\_\_\_
- \* Start date \_\_\_\_\_
- \* End date \_\_\_\_\_
- \* Grade completed \_\_\_\_\_
- \* Language of Instruction \_\_\_\_\_

### SUPPORT HISTORY

\* Has your child ever been tested and/or received help in the following areas?

(Please provide all test results available)

- \* English as a Second or Other Language Yes | No | Yes, in grade \_\_\_\_\_
- \* Speech and Language Yes | No | Yes, in grade \_\_\_\_\_
- \* Learning Difficulty Yes | No | Yes, in grade \_\_\_\_\_
- \* Reading/Literacy Yes | No | Yes, in grade \_\_\_\_\_
- \* Emotional/Behavioral Yes | No | Yes, in grade \_\_\_\_\_
- \* Vision Yes | No | Yes, in grade \_\_\_\_\_
- \* Mobility Yes | No | Yes, in grade \_\_\_\_\_
- Other Yes | No | Yes, in grade \_\_\_\_\_

If your child received help in any of the above areas, please explain

### LANGUAGE HISTORY

- \* First language \_\_\_\_\_
- \* Primary language at home \_\_\_\_\_
- \* Father's first language \_\_\_\_\_
- \* Mother's first language \_\_\_\_\_
- Other languages spoken \_\_\_\_\_