



THE INTERNATIONAL PREPARATORY SCHOOL

Headmistress: Lesley Easton

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Admissions Application (Y2 - Y13)

Date: _____

Full Name of child: _____

(Surname, First Name, Middle Name)

Age at time of application: _____ Date of Birth: _____

(DD/ MM / YYYY)

Primary Citizenship: _____ Other Citizenships: _____

Passport / Rut Number: _____

First Language: _____ Second Language: _____

Other languages (spoken at home): _____

If English is not the first language, how many years has the applicant studied English? _____

Country Grade/Year applying for: _____ Proposed Entrance: _____

Last grade completed: _____ Previous school: _____

Contact name and telephone number: _____

Family information:

Parent/Guardian 1: _____

Surname, First Name, Middle Name

Relationship to Child: _____

Educational Background: _____

College/University/Post grad



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RUT/Passport N°: _____ Nationality: _____

Profession: _____ Employer: _____

Educational Background: _____

College/University/Postgrad

Highest Level Study _____

Name of the Stablishment _____

Area of Study _____

Home Address: _____

Work address: _____

Home Temporary Address: _____

Home Telephone/Landline: _____ Telephone/Cellular: _____

Work Telephone: _____ Email 1: _____

Email 2: _____

Parent/Guardian 2: _____

(Surname, First Name, Middle Name)

Relationship to Child: _____

RUT/Passport N°: _____ Nationality: _____

Profession: _____ Employer: _____

Educational Background: _____

College/University/Postgrad

Highest Level Study _____

Name of the Stablishment _____

Area of Study _____

Home Address: _____



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Work address: _____

Home Telephone/Landline: _____ Telephone/Cellular: _____

Work Telephone: _____ Email 1: _____

Email 2: _____

Emergency contacts in and out of the country, in case parents are not available:

Name: _____ Address: _____

Telephone: _____ Email: _____

a) Sibling's information: Name, age, school, and grade level.

1) _____

2) _____

3) _____

CHILD INFORMATION: Mark with an X for Never, Seldom, Sometimes, Often or Always, complete as necessary.

A) General behaviour

	Never	Seldom	Sometimes	Often	Always
Sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jealous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affectionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic about studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inconsistent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bites his/her nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audacious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meticulous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B) MEDICAL INFORMATION: Mark with an X and complete as necessary.

	Y	N	
Chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mild listening disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visual deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgeries	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has presented seizures with or without fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Currently under medication (specify dosage)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vaccines (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical difficulties	<input type="checkbox"/>	<input type="checkbox"/>	_____

Medications

Vaccines/Allergies:

	Y	N
LEARNING SPECIALIST, SPEECH THERAPIST REPORTS?	<input type="checkbox"/>	<input type="checkbox"/>
WHY? _____		
WHEN? _____		

	Y	N
HAS THE CHILD BEEN IN PSYCHIATRIC/PSYCOLOGICAL, SPEECH OR NEUROLOGICAL TREATMENT?	<input type="checkbox"/>	<input type="checkbox"/>
WHY? _____		
WHEN? _____		



C) ATTITUDE TOWARDS STUDIES

	Y	N	
He/she likes to attend school	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequently misses classes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has a hard time attending school	<input type="checkbox"/>	<input type="checkbox"/>	_____
Complains about the teachers	<input type="checkbox"/>	<input type="checkbox"/>	_____

D) OTHERS

Access to Internet: How many hours per day?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5+ <input type="checkbox"/>
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Write 3 Strengths and 3 Weaknesses that you see in your Child/Children:

Predominate Culture: Which culture does your child identify with?



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How did you first hear about the School? (If someone referred you, please tell us who)

This application form must be handwritten and completed in its totality to be considered in the admission process. You need to also attach a handwritten letter explaining why you would like your children to be part of the TIPS family.