



International Demonstration School of Abidjan

**STUDENT APPLICATION FORM
2017 - 2018**

(Photo)

PART ONE: STUDENT INFORMATION

Surname: ----- **Other names:** -----

Date of Birth: ----- **Academic School year:** ----- **Anticipated class:** -----

Gender: Male Female **Anticipated number of years the child will attend IDSA:** -----

Current school: -----

Mother's Name:-----

Home address: ----- **Country:** -----

Home phone: ----- **Cell phone:** ----- **E-mail:**-----

Employer: ----- **Occupation:** -----

Work address: ----- **Work email:** -----

Father's Name: -----

Home address: ----- **Country:** -----

Home phone: ----- **Cell phone:** ----- **E-mail:**-----

Employer: ----- **Occupation:** -----

Work address: ----- **Work e-mail:** -----

Other children in the family (specify names, dates of birth, and Classes currently attending)

How did you learn about IDSA? -----

A registration fee of \$715 is required of each student. Submission of this form and the fee generally indicates parental interest.

Fee enclosed: ----- **Date received:** -----

PART TWO: INFORMATION FROM PARENTS

In order to better know and plan for our students, we ask parents to complete this survey

1. Previous School Experience-----

Class ----- Year ----- Age(s): -----

2. What do you enjoy most about your child?

3. What are your child's special interests and talents?

4. Describe your child as a learner. What comes easily for your child? What is more challenging?

5. Describe how your child interacts with other children. Describe how your child interacts with adults.

6. Describe any concerns you have (or have had) about your child's intellectual, social, or emotional development.

7. What opportunities has your child had for interacting with other children outside of school? Describe your child's involvement in any organized programs, sports, clubs, or lessons.

8. How does your child express anger? How do you respond?

9. Briefly describe your approach to parenting and discipline.

10. Describe (if any); allergies, medical conditions, speech/hearing challenges
Blood Group & Genotype of the child

Parent/Guardian

Signature: ----- Date: -----

In signing this form parents affirm that all information above is accurate to the best of their knowledge.