

ACADEMIC YEAR

20____/20____

Number A)_____



1. IDENTIFICATION

Student's Full Name (CAPS): _____
Date of Birth: ___/___/___ Nationality: _____ NIF: |__|_|_|_|_|_|_|_|_| ID Doc.: [] Birth
Certificate [] Passport [] Citizen Card [] No. : _____ Issued by: _____ Date: ___/___/___
Expiry Date: ___/___/___ Parish of Residence: _____ Municipality: _____
Address: _____
City: _____ Postal Code: |_____| - |_____| Tel.: _____

2. PARENTS/GUARDIAN:

Father: _____ Profession: _____
Nationality: _____ Level of Education: _____ Workplace: _____
Tel.: _____ Mobile: _____ E-mail: _____ @ _____
Address: _____
Postal Code: |_____| - |_____| Work tel.: _____ Work fax: _____

Mother: _____ Profession: _____
Nationality: _____ Level of Education: _____ Workplace: _____
Tel.: _____ Mobile: _____ E-mail: _____ @ _____
Address: _____
Postal Code: |_____| - |_____| Work tel.: _____ Work fax: _____

3. GUARDIAN:

Father [] Mother [] Legal representative []
Nationality: _____
Name: _____ Profession: _____
Level of Education: _____ Workplace: _____
Tel.: _____ Mobile: _____ E-mail: _____ @ _____
Address: _____ Postal Code: |_____| - |_____|

4. STARTING ACADEMIC YEAR

Nursery [] Pre-school [] 1st Cycle [] 2nd Cycle [] 3rd Cycle []
Classroom/Year: _____
No. of brothers/sisters [] Ages: _____
Classroom/Year: _____ Classroom/Year: _____

Application Form

5. ADDITIONAL INFORMATION

Departure from school: Who will usually collect the child? _____

Who can also collect the child?

- 1. _____ Contact: _____
- 2. _____ Contact: _____
- 3. _____ Contact: _____

Contact in case of urgency?

- 4. _____ Contact: _____
- 5. _____ Contact: _____

6. HEALTH

Medical Card No.: _____ Health subsystem/ Insurer: _____

Updated Health Report: YES [] NO []

Health problems: YES [] NO [] Which? _____

Allergies: _____

Does the child take any medication permanently? YES [] NO [] Which? _____

Vision problems? YES [] NO [] Which? _____

Hearing problems? YES [] NO [] Which? _____

Speech problems? YES [] NO [] Which? _____

7. SPECIAL EDUCATIONAL NEEDS

Does the child have special educational needs? YES [] NO [] Which? _____

Does the child have a medical report? YES [] NO [] Which? _____

8. PREVIOUS YEAR

Attended: Nanny [] Nursery [] Name: _____

Kindergarten [] Name: _____

1st Cycle [] Name: _____

2nd Cycle [] Name: _____

How did you find out about REAL COLÉGIO? _____

9. Student to attend REAL COLÉGIO with the following services (tick all that apply):

- | | | | | | |
|---------------------------------|-----|--------------------------------|-----|---------------------------------------|-----|
| Full board | [] | Judo | [] | Piano | [] |
| Lunch only | [] | Theatre | [] | Guitar | [] |
| Canteen service | [] | Tennis | [] | Handball | [] |
| Full transportation | [] | Creative Dressmaking | [] | Football | [] |
| Transportation in the morning | [] | Chess | [] | Rhythmic Dance | [] |
| Transportation in the afternoon | [] | English (Cambridge University) | [] | Study classroom 1 st Cycle | [] |
| Extension until 7pm | [] | German | [] | Study classroom 2 nd Cycle | [] |
| Luncheon only | [] | Mandarin | [] | Study classroom 3 rd Cycle | [] |
| Ballet | [] | Swimming | [] | | |

OFFICE USE ONLY

Paid registration fee [] Date ___/___/___ Paid Insurance [] Date ___/___/___

Signature: _____

N.B. The guardian assumes full responsibility for the veracity of the declarations presented and declares that he/she is aware of the Internal Rules in use at the REAL COLÉGIO of PORTUGAL.

Lisbon, ___/___/___

The Child's Guardian