



Please affix
photo of your
child here

Application for Admission

Please complete a separate form for each child

Child's Personal Details

Family name *	
First name *	
Middle name	
Nickname (if any)	
Passport number *	
Passport's place of issue	
Date of birth * (DD/MM/YYYY)	
Nationality *	
Place of birth	
Gender	
Religion	

Details of brothers and sisters

Information	Sibling 1	Sibling 2	Sibling 3
First name			
Date of birth (DD/MM/YYYY)			
School year			
Current School			
Gender			

Details of previous schools

Age	Name of school	Country	Type of school	From (Month/Year)	To (Month/Year)	Year Level

Child's language ability

Is English the child's first language?

Yes

No

If the answer is 'no', please complete the section below

	Very good	Good	Fair	A little
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which language is spoken within the family? _____

What other language(s) does your child understand? _____

Fields marked with '*' are required

Friendship patterns

Please indicate, which, if any, of the following statements most closely matches your child

- Makes friends easily
- Is shy with new people
- Has a small group of close friends
- Prefers older children as friends
- Prefers younger children as friends
- Usually enjoys going to school

Does your child have any special needs?

Physical disabilities (including visual / hearing / speech / mobility problems)

- Yes No

Behavioural difficulties (including eating or sleeping problems, anxiety, depression)

- Yes No

Learning difficulties

- Dyslexia / dysgraphia (reading and writing difficulties)
- Dyscalculia (difficulties with mathematical calculations)
- Dyspraxia (fine and gross motor skills issues)
- Attention deficit disorder including ADD or ADHD (concentration issues)
- Asperger's syndrome / Autism (emotional and social behavioural issues)
- Other (example: speech or language delay)

For any 'yes' answers, please give details including any medication currently being taken:

Health information

Does your child have any medical condition or health issues that may require attention whilst at school? *

Yes No

If the answer is 'yes', please give details including information about any medication being taken:

General information about your child

Does he / she have any special skills or interest?

Has he / she ever been placed out of the normal age group for his / her age?
If yes, please give details

Please indicate the areas and/or subjects that your child enjoys most

Will your child attend Maltese lessons? *

Yes No

Parent / Guardian details

Guardian 1:

Relationship to the child

Mother

Father

Other: _____

Family name *	
First name *	
Nationality *	
Passport number *	
Type of visa (if applicable)	
Employer	
Job position / title	
Address	
Home telephone number	
Mobile number	
Email address	

Fields marked with '*' are required

Guardian 2:

Relationship to the child

- Mother
 Father
 Other: _____

Family name *	
First name *	
Nationality *	
Passport number *	
Type of visa (if applicable)	
Employer	
Job position / title	
Address	
Home telephone number	
Mobile number	
Email address	

Fields marked with '*' are required

Guardian 3:

Relationship to the child

- Mother
 Father
 Other: _____

Family name *	
First name *	
Nationality *	
Passport number *	
Type of visa (if applicable)	
Employer	
Job position / title	
Address	
Home telephone number	
Mobile number	
Email address	

Fields marked with '*' are required

Payment information

School fees paid by *: _____

Signature:

Address for sending invoices and correspondence (if different to that of the guardian)

Agreement of Parent / Guardian

Full name *: _____

Date of application *: _____

GUARDIAN DECLARATION:

In making this application, I/We undertake and agree:

- To make all due payments in accordance with the school's schedule of fees;
- To give in writing, at least one term's notice of a student leaving the school;
- By registering your child at Newark School Malta, parents automatically agree to abide fully by the schools' policies and procedures.

INDEMNITY:

- I/We understand and agree that in the event of an emergency, Newark School Malta will make every effort to contact the parents/guardians. However, if this is not possible, the student will be taken to the nearest polyclinic/ hospital, approved by the school, for treatment

* I have read, understood, and accepted the privacy policy for registration.

Documents required for enrolment

- Photocopy of child's passport and visa
- Photocopy of guardians' passports
- Photocopy of guardians' visas (if appropriate)
- Photocopy of guardians' work visas (if applicable)
- Photocopy of child's birth certificate
- Photocopies of previous school reports
- 1 photo
- The application fee

Fields marked with '*' are required