



## Admission Application Form

### Student Information

Name: \_\_\_\_\_ Date of Birth(DDMMYY): \_\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Domestic  International If you are an international student: Native Language: \_\_\_\_\_

TOEFL Score: L\_\_\_\_S\_\_\_\_R\_\_\_\_W\_\_\_\_total\_\_\_\_ IELTS Score: L\_\_\_\_S\_\_\_\_R\_\_\_\_W\_\_\_\_total\_\_\_\_

### Parents Information

Home Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Address: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Address: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

### Emergency Contact

Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to the Family: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to the Family: \_\_\_\_\_



### Student's Education Background

Previous Secondary School: \_\_\_\_\_ Grade Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Program of Study

Grade: 9 10 11 12

Start Date: February April July September

Study Interests: Art Business Administration Computer Science Social Science

Other (Please Specify): \_\_\_\_\_

### Student Services Information

Is the student under 18 years old? YES NO If YES, please provide:

Legal Guardian's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

# Cestar High School provides homestay program to all applicants (Homestay application will be provided separately from this application form)



## Declaration

I, the undersigned, herewith apply for admission of my child, \_\_\_\_\_ to CESTAR HIGH SCHOOL and should my application be successful, I undertake the following:

1. I, as the natural guardian of the above named child on behalf of myself, my assigns, heirs and executors, hereby indemnify the owners and employees of CESTAR HIGH SCHOOL from any liability or damage whatsoever and any legal expenses or costs which may arise from any claim as a result of the death of the above child arising from sickness or of injury which the said child might have contracted or sustained during their sojourn in the centre, except where such injury, illness or damage is as a result of the unlawful and intentional negligence of the school or an employee of the said school.

2. I, \_\_\_\_\_ (parent/guardian) do hereby state that I will not hold the owners or employees of CESTAR HIGH SCHOOL responsible for any accident that may occur while my child is in transit, except where such injury, illness or damage is a result of the unlawful and intentional negligence of the school or an employee of the said school.

3. I, the undersigned, further undertake to abide by the rules laid down by CESTAR HIGH SCHOOL or which may be issued from time to time.

4. In addition to the above understanding, I grant the principal and/or staff my consent to obtain whatever medical treatment might be necessary during an emergency where I shall not be immediately or timeously able to grant consent in person.

5. I, hereby declare, that the information given above is accurate; I agree that the information in this application will be shared with the application committee of the school and potential homestay parents for the purpose of selection.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (PRINT): \_\_\_\_\_