

Admission Application Form

Student Information

| Student's Last Name: _ | | Student' | s First Name: |
|--------------------------|------------------|--------------|-----------------------|
| Date of Birth: Date | Month | Year | Gender: Male / Female |
| Home Address: Street | | | City: |
| State/Province: | | _ Country: | Zip/Postal Code: |
| Home Phone Number: | | Cell | Phone Number: |
| Email Address: | | | |
| ODomestic Student | O Internationa | al Student | |
| If you are an Internatio | nal Student, ple | ase provide: | |
| TOEFL Score: | , or IELTS Scor | e: | Native Language: |
| | | | |

Parents Information

| Father's Last Name: | Father's First Name: | | | |
|----------------------|---------------------------|---|--|--|
| Home Phone Number: | Work Phone Number: | | | |
| Cell Phone Number: | Email Address: | | | |
| Occupation: | | _ | | |
| Home Address: Street | City: | | | |
| State/Province: | Country: Zip/Postal Code: | | | |

| Mother's Last Name: | Mother's First Name: | | |
|--|---|--|--|
| Home Phone Number: | Work Phone Number: | | |
| Cell Phone Number: | Email Address: | | |
| Occupation: | | | |
| Home Address: Street | City: | | |
| State/Province: | Country: Zip/Postal Code: | | |
| Emergency Contact: | | | |
| Name: | Phone Number: | | |
| Relationship to the Family: | | | |
| Name: | Phone Number: | | |
| 1 (diffe: | | | |
| | | | |
| | | | |
| Relationship to the Family: | | | |
| Relationship to the Family: | | | |
| Relationship to the Family: | ackground: | | |
| Relationship to the Family: | ackground: Grade Attended: | | |
| Relationship to the Family: Student's Education B Previous Secondary School: Address: | ackground: Grade Attended: City:State/Province:Country: | | |
| Relationship to the Family: | ackground: Grade Attended: City:State/Province:Country: | | |
| Relationship to the Family: Student's Education B Previous Secondary School: Address: | ackground: Grade Attended: City:State/Province:Country: | | |
| Relationship to the Family: | ackground: Grade Attended: City:State/Province:Country: Email Address: | | |
| Relationship to the Family: Student's Education Back Previous Secondary School: Address: Phone Number: Program of Study: Grade: O 9 O 10 O 11 O 12 Start Date: O February O Apr | ackground: Grade Attended: City:State/Province:Country: Email Address: | | |

Student Services Information:

Is the student under 18 years old? OYES ONO

Custodianship is required for all minors who are under 18 years old; please provide:

| Legal Guardian's Full Name: | | Contact: | |
|-----------------------------|-------|-----------------|--|
| Email Address: | | Occupation: | |
| Address: | City: | State/Province: | |

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.

3. 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.

4. 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.

5. 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.

6. 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): | | |