



# Student Application for Admission (SIBLING)

BUCA004

Complete one form for each sibling in the family

## Student Information (Sibling)

Name (in full): \_\_\_\_\_ Surname: \_\_\_\_\_  
 Preferred name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 ID/Passport/DIRE no: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Home language: \_\_\_\_\_ Other languages: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Student lives with (please circle): Both parents OR Mother OR Father OR Other: \_\_\_\_\_  
 Applicant's place in the family: \_\_\_\_\_ of \_\_\_\_\_

## Father or Primary Guardian

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 ID no: \_\_\_\_\_ Cell no: \_\_\_\_\_

## Mother or Primary Guardian

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 ID no: \_\_\_\_\_ Cell no: \_\_\_\_\_

## Current School

Name of current school: \_\_\_\_\_  
 City: \_\_\_\_\_ Country: \_\_\_\_\_  
 School Phone no: \_\_\_\_\_ Date attended from: \_\_\_\_\_  
 Current grade: \_\_\_\_\_ Grade applying for: \_\_\_\_\_  
 Highest grade passed: \_\_\_\_\_ Grades repeated (if applicable): \_\_\_\_\_

## Schools Prior to Current School

School Name, City & Country	Dates of Attendance	Grades
School Name, City & Country	Dates of Attendance	Grades

## Other Applicant Information (Sibling)

1. Has applicant ever been:

*(Provide an explanation on a separate sheet of paper for any of first four boxes checked.)*

- sent home from school for misbehavior? How many times sent home from school? \_\_\_\_\_
- suspended for \_\_\_\_\_ full school day(s) for misbehavior? How many times suspended? \_\_\_\_\_
- expelled from a school for misbehavior? How many times expelled from a school? \_\_\_\_\_
- been put on any form of academic probation?
- none of the above

2. Describe applicant's academic strengths. *I.e. personal habits that facilitate learning, subject area strengths, etc.*

3. Describe any particular circumstances that should be taken into consideration when reviewing applicant's school record. *I.e. reading difficulties, learning disabilities, etc.*

4. Describe any physical limitations which would not allow applicant to participate fully in any academic or athletic program.

5. Medical history: Please state aspects that the staff should be aware of, e.g. diabetes, allergies, epilepsy, abnormal bleeding, dietary restrictions, etc.