



TRIPADA SINGAPORE INTERNATIONALÉ SCHOOL

# [ **ADMISSION FORM** ] **2018-19**



# APPLICATION CHECKLIST AND AGREEMENT



Child's Name (last, first) \_\_\_\_\_ Birth date (day/month/year) \_\_\_\_\_

The following documents are required to complete the application :

- Non-refundable application fee (INR 1000)
- Non-refundable admission fee (INR 40,000)
- Completed Application Form (8 pages)
- Copy of student's birth certificate
- Copy of student's passport (original must be available for verification)
- Official school report from last two school years in English, or verifiable English translation Grades 9-12 students must also provide high school transcripts. (Overseas Students)
- 4 passport pictures
- Copy of current immunization record.
- Transportation request, if applicable (Bus arrangements require one week's preparation.)
- Supporting documents of educational/ psychological testing or special learning needs, if applicable.

## Submitting this application constitutes agreement with the following :

- The parent or guardian and student admitted will abide by the school's established policies and procedure.
- The parent or guardian understands and agrees that ESOL, academic and / or diagnostic testing may be administered to the student to plan or enhance his/her educational program once he/she is registered and enrolled.
- Unless you request in writing otherwise, your family's local contact information will be printed in the TSI directory.
- Photographs depicting TSI students including your child may appear in school brochures, advertisements, and/or press releases.
- The parent or guardian agrees to pay all fees and tuition according to TSI policy.
- The parent or guardian agrees to inform TSI if any circumstance or information described in the application form changes.
- The parent or guardian understands that TSI may contact the student's previous schools in order to obtain information relevant to the student's application.

**The submission of this application verifies that the parents have received, read, and understood the Admission Guide. The parents certify that the information provided in this application is complete and correct. A child may be disenrolled if any information provided in the application is incorrect.**

# GENERAL INFORMATION



Application Fee Paid? Yes/ No (Applications cannot be processed without fee)

Applying to start school in: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Grade Preference: \_\_\_\_\_

Please attach  
passport-sized  
photograph

## Student's Personal Information:

Name \_\_\_\_\_

Last Name

First Name

Middle Name

Prefers to be called

Gender: Male  Female

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport No. \_\_\_\_\_ Date of Expiry (DD/MM/YY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Siblings	Gender	Age	Grade	Current School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Child's caregivers in absence of parents (Please list people who regularly look after your child. Include the languages spoken, e.g. Aunt – Gujarati, Grandmother – Hindi, Nanny – Gujarati, etc.)

Name: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

For Office use only ( )

Received Date: \_\_\_\_\_ English level: Proficient \_\_\_\_\_ Moderate \_\_\_\_\_

Admission Granted: \_\_\_\_\_

Assessed By:

Name of teacher: \_\_\_\_\_ Overall Remarks: \_\_\_\_\_

# PARENTS' INFORMATION



Residential Address:

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Contact No: Res: \_\_\_\_\_ Mobile: \_\_\_\_\_

While attending TSI, child's guardians (s) will be:  both parents  father  mother  other

All school correspondence will go through the student's personal contact information, regardless of payment arrangement. The family holds sole responsibility to maintain current contact information and maintain communication regarding school matters.

Father's Name \_\_\_\_\_

Last Name

First Name

Nationality \_\_\_\_\_ Mobile or Alternate Phone No \_\_\_\_\_

Name of Company / Business \_\_\_\_\_

Title / Position \_\_\_\_\_ Office Tel. No. \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Facebook ID \_\_\_\_\_

Does the father understand spoken English? (Please tick) Yes/ Some / None

Does the father understand written English? (Please tick) Yes / Some / None

If not, which language(s)? \_\_\_\_\_

Mother's Name \_\_\_\_\_

Last Name

First Name

Nationality \_\_\_\_\_ Mobile or Alternate Phone No \_\_\_\_\_

Name of Company / Business \_\_\_\_\_

Title / Position \_\_\_\_\_ Office Tel. No. \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Facebook ID \_\_\_\_\_

Does the Mother understand spoken English? (Please tick) Yes/ Some / None

Does the Mother understand written English? (Please tick) Yes / Some / None

If not, which languages? \_\_\_\_\_

# EDUCATIONAL PROFILE OF STUDENT



- Please list all schools attended, beginning with most recent. School records must be provided for the last two school years, and three years for high school students.

School Name	Year Attended	City/Country	Grades	Language of Instruction	Grades

- Has the student ever skipped a grade / been promoted? Yes / No. If yes, which grade/s? \_\_\_\_\_
- Has the student ever repeated a grade? Yes / No. If yes, which grade/s? \_\_\_\_\_
- Has the student been suspended or expelled from any previous schools? Yes / No
- Has the student exhibited behaviour problems at home or in a school setting? Yes / No
- Has the student participated in behavioural management, counselling, or family therapy? Yes/No
- Please provide details for the above or any other factors that the school should be aware of that might affect the success of your child.

## LANGUAGE AND LEARNING PROFILE

Part A: For all students (please circle)

1. Does your child currently receive private tutoring? Yes/ No.

Subjects	Days of the week	Time
_____	_____	_____
_____	_____	_____

2. Does your child have outside school commitments? (e.g. music, sports, etc.)

Activities	Days of the Week	Time (e.g. 6-8 pm)
_____	_____	_____
_____	_____	_____

Part B: only for non-native English speakers (Please circle as many as necessary.)

Student's Native Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Other Languages Spoken \_\_\_\_\_

1. Is English used in the home? Yes / No.
2. Has your child ever enrolled in a full time English speaking school? Yes/ No \_\_\_\_\_ years
3. How many years of English language instruction has your child had? \_\_\_\_\_ Years.
4. Where has your child studied English? (please check and indicate the length of time)

School \_\_\_\_\_ months / years

Private tutor \_\_\_\_\_ months / years

5. Has your child ever attended a summer school program? Yes / No. (if yes please fill in the chart.)

Summer School

City / Country

Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Has your child received ESOL (English) Speakers of Other Languages) instruction at school? Yes/No

If yes, how many years has he/she been in an ESOL program? \_\_\_\_\_ month/years.

### **PAST SCHOOL RECORDS RELEASE FORM**

I hereby give my permission to the school listed below to release my child's school records to Tripada Singapore Internationale' and to provide information regarding the student's:

- Grades and report cards
- Standardized test results
- Attendance records
- Special education records (if any)
- Discipline records
- Individualized Education Plan (if any)
- Other relevant records

\_\_\_\_\_  
Parent Signature

Date: \_\_\_\_\_  
Day/Month/Year

Please submit/email/fax to: \_\_\_\_\_



## **Tripada Singapore Internationale' School**

Pundhrasan Cross Road, Uvarsad- Sardhav Road, Gandhinagar Gujarat, India - 382421

Ph no: 9687638282/9687638383

# STUDENT'S HEALTH HISTORY



Please check if your child has received the following childhood immunizations

Measles  Mumps  Rubella  Diphtheria/Tetanus   
 Pertussis (Whooping Cough),  Polio,  TB,  Typhoid  Hepatitis

Please provide an attached copy of the above inoculations/immunizations including dates of administration.

Has your child received medical treatment for any of the following ?

<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Eye/Ear problems	Epilepsy/Seizures	<input type="checkbox"/>
<input type="checkbox"/> Frequent stomach aches	<input type="checkbox"/> Heart disease	Diabetes	<input type="checkbox"/>
<input type="checkbox"/> Menstrual problems	<input type="checkbox"/> Head injury	Kidney Disease	<input type="checkbox"/>
<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Tuberculosis	Asthma	<input type="checkbox"/>
<input type="checkbox"/> Dermatological Disease	<input type="checkbox"/> Allergies – Environmental	Gastrointestinal Disease	<input type="checkbox"/>
<input type="checkbox"/> ADHD	<input type="checkbox"/> Food	Blood Disorder	<input type="checkbox"/>
<input type="checkbox"/> Cancer	<input type="checkbox"/> Drug	Other.....	<input type="checkbox"/>

Please attach additional information or describe further any checked boxes or other health issues that will affect your child's schooling.....

Does your child take any medication routinely?  Yes  No (If yes, please provide details)

(Medications can only be given at school with parental permission)

Does your child wear contact lenses or glasses?  Yes  No

Does your child have any limitations on physical activity?  Yes  No  Please providedetails.

Local Emergency Contact (other than parents)

Name .....

Last Name

First Name

Relationship to Family .....Home Tel. No.....

Mobile No.....Office Tel. No.....E-mail.....@.....

**Note: TSI has its own medical room where minor injuries and medical facilities are being provided however for emergency situations school transports its students to a medical care facility available near to the school campus**

SUBMISSION OF THIS APPLICATION GIVES TSI PERMISSION FOR EMERGENCY MEASURES TO BE INITIATED IN CASE OF ACCIDENT OR SUDDEN ILLNESS WITH THE UNDERSTANDING THAT TSI WILL ATTEMPT TO CONTACT THE PARENTS AND/OR EMERGENCY CONTACT PERSON.

# TRANSPORTATION APPLICATION (OPTIONAL)



I understand and agree to the following conditions concerning the participation of my child in TSI school transportation :

- Daily transportation to and from school will be provided to TSI students living within a reasonable distance to our campuses. This does not include before or after school activities. This is an optional service, and families may choose to provide their own transportation at their own expense.
- If a student lives outside of 15 km and is not in a common housing area, we can pick a child up at their house if the following condition can be met: A van can be at the student house (not before 7.00 a.m.), still pick up other students, and arrive at the designated campus as per the school time.
- If the above condition cannot be met, the campus transportation assistant will arrange a pick-up/drop-off point for the family that would meet the above condition.
- Transportation arrangements typically take up to one week to finalize. A transportation form must be submitted to each campus five days prior to the start of service. Parents will communicate with the campus transportation assistant to finalize details.
- TSI will first try to arrange a pick-up at or near the child's housing complex. In housing developments where a number of families and students live in close proximity, TSI may arrange for a centrally located pick-up/drop-off location within or near the development. In some instances in which students live in more isolated areas, parents may be asked to provide transportation to and from designated pick-up and drop-off points.
- To help ensure on time arrival at school, buses will wait for two minutes after the assigned pick-up time before moving to the next pick-up point.
- The school will provide parents with the approximate drop-off time and location after school. Parents are responsible for daily supervision arrangements when a child arrives at the designated drop-off. (i.e. meeting a young child at the drop-off location, providing children with house keys, training the child what to do if the parents is not at the drop-off point, etc.)
- Traffic, city events, and accidents may disrupt a child's commuting, but does not constitute TSI's inability to fulfill its transportation obligation.
- TSI must be notified in writing of any changes to a parent's transportation request. If you plan to alter your child's routing for a special occasion, before or after school activity, etc., you must provide a written note to the school office for that day's change.
- Bus space is limited and is reserved for the transportation of TSI student. Our busses stop only at TSI arranged drop-off points and any change in bus schedule or route must be facilitated through the transportation office.
- TSI will arrange routes with limited stops that provide a reasonable travel time for children. The earliest pick-up will not be before 7.00 a.m.
- All issues and questions related to bus transportation should be directed to the campus transportation office or the school principal.
- Violation of, or failure to comply with, bus rules can result in disciplinary action consistent with TSI policies.



## TRANSPORTATION APPLICATION

Please complete this form to indicate your transportation preference (if neither box is checked, TSI understands that the parents provide the transportation unless otherwise requested by parents).

- I would like my child (ren) to participate in the TSI transportation. I understand that if I live outside of the area for free transportation (see policy), that I will either provide for the transportation of my child (ren) or work with the campus transportation assistant to arrange a pick-up / drop off point for my child (ren).
- I will provide the transportation for my child (ren)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Child/Children's family name :

\_\_\_\_\_

Child/ Children's first name(s) \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_

Pick-up / home address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any special Notes \_\_\_\_\_

### For office use only:

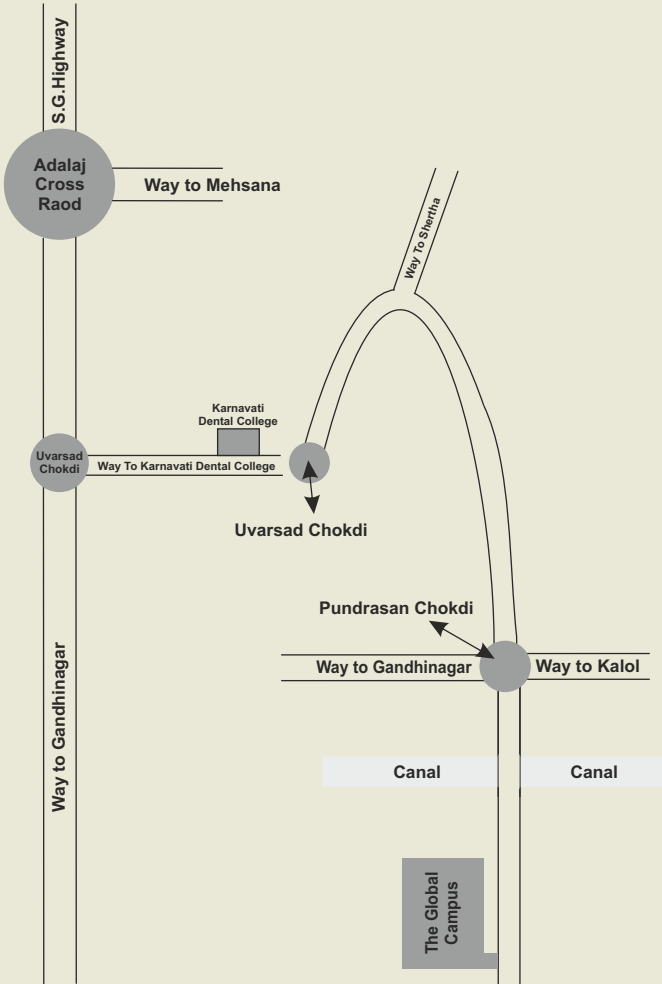
Date Received \_\_\_\_\_ Bus Number Assigned \_\_\_\_\_

Start Date \_\_\_\_\_ Pick-up Time \_\_\_\_\_ Drop-Off Time \_\_\_\_\_

Bus driver/ monitor \_\_\_\_\_ Arranged by \_\_\_\_\_

Does the teacher have a copy of transportation information ? Yes \_\_\_\_\_ No \_\_\_\_\_

# HOW TO REACH TRIPADA SINGAPORE INTERNATIONALÉ SCHOOL



[www.tripada.org](http://www.tripada.org)



**TRIPADA**



SINCE - 1968

**Pundhrasan Cross Road,  
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Gandhinagar, Gujarat  
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968 763 8383  
info.tsi@tripada.edu.in  
www.tripada.org**

**: Reg. Office :  
4th Floor, Vishwa Arcade,  
Opp. Kum-Kum Party Plot,  
Nr. Akhbarnagar, Nava Wadaj,  
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