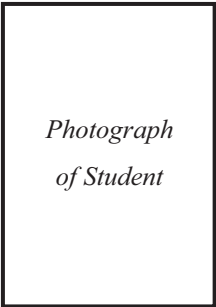




LAKELAND INTER-AMERICAN SCHOOL

No. 09, Walagamba Mawatha, Boruona, Ratmalana.
Tel : 5534165 Fax : 5534166 E-mail : inquiries@lakeland.edu.lk
Website : www.lakeland.edu.lk



Photograph
of Student

APPLICATION FORM

(ALL ENTRIES MUST BE MADE IN BLOCK LETTERS)

Class applied for :	: Year	
Academic year :	: 20...../ 20.....	
Semester :	: 1 st - Fall (Sep-Dec)	<input type="checkbox"/>
	: 2 nd - Spring (Jan-Apr)	<input type="checkbox"/>
	: 3 rd - Summer (May-Aug)	<input type="checkbox"/>

1. STUDENT INFORMATION

Name (with initials)	:	
Name in Full	:	
	(As should appear in all academic documentation and certificates)	
Sex	:	
Nationality	:	
Religion	:	
Date of Birth	:	
Place of Birth	:	
Age (on admission)	:	Age on 1 Sep. 20..... :
Address	:	
	:	

2. PARENT INFORMATION

<u>FATHER</u>		
Name in Full	:	
Nationality	:	
Religion	:	
Address	:	
	:	
Occupation	:	
Office Address	:	
	:	
Tel No :..... Office :..... Mobile :.....		
E-mail :..... Fax :.....		

MOTHER

Name in Full :.....
Nationality :.....
Religion :.....
Address :.....
:.....
Occupation :.....
Office Address :.....
:.....

Tel No :..... **Office** :..... **Mobile** :.....
E-mail :..... **Fax** :.....

3. GUARDIAN'S INFORMATION

Name in Full :.....
Nationality :.....
Religion :.....
Address :.....
:.....
Occupation :.....
Office Address :.....
:.....

Tel No :..... **Office** :..... **Mobile** :.....
E-mail :..... **Fax** :.....

4. STUDENT'S HISTORY

ACADEMIC

Current School/ Montessori :

Last Grade Studied :

Previous School :

Reason for leaving :

MEDICAL

Does your child suffer from any of the following

Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any Other :

5. EMERGENCY INFORMATION

In case of emergency please contact :

OFFICE

HOME

MOBILE

Father	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>

How did you hear about us ?

Social Media	<input type="checkbox"/>	Through a friend	<input type="checkbox"/>
Google/ Search Engine	<input type="checkbox"/>	Other	<input type="checkbox"/>

FAMILY PHYSICIAN

Name :

Contact No :

Address :

Hospital Preferred :

.....
Parents Signature

.....
Date

Please handover the following with the Application

- Birth Certificate
- Immunization Card
- Letter from the Family Doctor
- 3 Stamp size Photographs of the Student

OFFICE USE ONLY

Interviewed on

Placement test

Class admitted

Fluency in Language	English	Excellent	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
	Sinhala	Excellent	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
	Tamil	Excellent	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>

Marks obtained English Maths

.....
PRINCIPAL

.....
Date