

LITTLE STEPS INTERNATIONAL SCHOOL

Application for Admission

I. CHILD INFORMATION

First Name: _____ **Last Name:** _____

Preferred First Name: _____

Passport Country: _____ **Expiry Date:** _____

Gender: _____ **Birth Date (D/MM/YY):** ____ / ____ / ____

(Note: A photocopy of child's passport/birth certificate must be provided)

Enrolment Date: _____

Academic History

Previous School Name: _____ **Grade Attended:** _____ **Year:** _____

Grade of Admission: _____

Status: Promoted from _____ Detained in _____

Curriculum Attended: Cambridge Primary Ethiopian Other: _____

N.B. Please attach a valid current academic report card.

II. HEALTH & LEARNING DISCLOSURE

Has your child been identified with any of the following?

- **ADHD (Hyperactivity):** Yes No
- **Speech/Language Impairment:** Yes No
- **Learning Disability:** Yes No
- **Autism Spectrum:** Yes No
- **Intellectual Disability:** Yes No
- **Developmental Delay:** Yes No
- **Orthopedic Impairment:** Yes No



- **Hearing Impairment:** Yes No

Does your child have a history of any of the following illnesses?

- **Epilepsy:** Yes No
- **Diabetes:** Yes No
- **Severe Allergy:** Yes No
- **Asthma:** Yes No
- **Heart Condition:** Yes No

If "Yes" to any of the above, please provide detailed explanations and attach additional documentation.

III. PARENT / GUARDIAN INFORMATION

Child lives with: Single Parent Both Parents Guardian

PARENT 1 Full Name: _____ **Relationship:** _____

Language Spoken: _____ **Passport Country:** _____

Employer: _____ **Position:** _____ **Mobile:** _____

Office Phone: _____ **Email:** _____

PARENT 2 Full Name: _____ **Relationship:** _____

Language Spoken: _____ **Passport Country:** _____

Employer: _____ **Position:** _____ **Mobile:** _____

Office Phone: _____ **Email:** _____

Declaration & Confirmation

I hereby apply for the admission of the student named above. I agree to review my child's daily performance and workbooks and abide by all school rules. I confirm that all information provided is complete and accurate.

Parent 1 _____ **Signature:** _____ **Date:** _____



Parent 2 _____ Signature: _____ Date: _____

(If only one parent resides in Ethiopia, please write "Not Applicable" on the second line)

IV. EMERGENCY AUTHORIZATION

Full Name of Child: _____ Birth Date: _____

In the event that parents/guardians cannot be reached, I authorize medical treatment as prescribed by an attending physician and waive the right to informed consent for emergency care.

Preferred Doctor/Clinic: _____ Phone: _____

Emergency Contact Number: _____

Parent Signature: _____ Date: _____

V. PHOTOGRAPHY RELEASE

YES, I give permission for my child's photo/video to be used on the school website, social media, or printed publications.

NO, I do not give permission for my child's photo/video to be used.

Parent Name: _____ Signature: _____ Date: _____
