BRIGHTWAY International School

BRIGHTWAY INTERNATIONAL SCHOOL

Reethigas Hingun, Hulhumale, Male City Republic of Maldives, Phone: (+960) 3350048

Email: admin@brightway.edu.mv Website: www.brightway.edu.mv

Form Number:

Paste a recent passport size Photo of the applicant

STUDENT REGISTRATION FORM

Fill out this Registration form in BLOCK LET	IEKS	ı	For official use only							
REGISTRATION (For)			Reg.	No						
Seeking Admission for Grade:		,	Year Applied for :							
	1	L								
STUDENT INFORMATION										
First Name:										
Other Names:										
Last Name:										
Gender:	Male:)		F	emale	:			
Religion:										
Blood Group:										
National ID Card / Passport Number:										
Nationality:										
Date & place of Birth:										
Permanent Address:										
Present Address:										
DDEVIOUS ACADEMAG RECORDS										
PREVIOUS ACADEMIC RECORDS Previous School:										
Last Class Attended:										
Present School's last term's Grade / Average	ge:									
Co-curricular activities or other achieveme (if any)	nts									

Does your child have any special educational needs? Yes No							
If yes, please explain the child's special needs. (If your child has been diagnosed with a learning disability,							
please submit any diagnosis reports along with this application for admissions):							
Father's Information							
Full Name							
Permanent Address							
Present Address							
Passport / NIC Number	Nationality						
Occupation	Place of Work						
Contact Number	Email Address						
Mother's Information							
Full Name							
Permanent Address							
Present Address							
Passport / NIC Number	Nationality						
Occupation	Place of Work						
Contact Number (s)	Email Address						
Guardian's Information (IF OTHER)							
Full Name							
Permanent Address							
Present Address							
Passport / NIC Number	Nationality						
Occupation	Place of Work						
Contact Number (s)	Email Address						
Ciblings/ Information (Chardaing in Duightage, Intornation	mal Sahaal\						
Siblings' Information (Studying in Brightway Internatio							
FULL NAME Age	PRESENT CLASS						
Who is the Primary Guardian of the child? (Note: This is the guardian we will first contact about school							
events.) Mother Father Guardian							

Parent / Guardian Contract:

The undersigned certifies that the following are acceptable:

- The Parent / Guardian will provide the maximum support to the applicant's education and its related matters.
- The Parent / Guardian will respect and provide the maximum corporation to the school, staffs and the BIS community.
- The Registration fee, Uniform/Book Fees and the School fees charged are non-refundable /nontransferable.
- The decision of the management shall be final.
- BIS has right to implement changes to the fees and other matters related to the school, from time to time as the circumstances may require.
- BIS has the right to charge a fine if the monthly fees are not paid by the 10th of each month.

I hereby apply for the admission of my child to Brightway International School and undertake to pay the full cost of this program.

cost of this program.									
Signature of Parent or Guardian: Date:									
Name of Parent or Guardian:									
Encl	osed Documents:								
Please complete all sections of this form accurately and tick the boxes below to confirm that you have enclosed all the necessary documents									
	Recent color passport-size photograph of student.								
	Student's Leaving Certificate from the previous school.								
	Copy of Student's passport / identity card								
	Copy of both parents' and guardian (if applicable) passport / identity card.								
	The most recent year's school report and testimonial regarding character and ability of the student.								
	Copy of Student's Vaccination card								
FOR OFFICE USE, ONLY									
Received by Name:			Signature:						
Received Date:			Date of registration:						
Forn	Form Processed By:								
Signature:			Receipt Number:						
Admission Test Results									
Subjects Marks / Remarks									
English Language									
Mathematics									
Examiners Observation									
Admission Approved									
Date of Approval: Name:									
	Designation: Signature:								
	10 111								