



Please attach a photograph

# APPLICATION FOR ADMISSION Academic Year 2020-2021

For entry into (state which class/year group).....

Please state your child's current class/year group.....

## 1. PERSONAL INFORMATION

### Students' Details

Name .....  
Family Name First Middle

Preferred Name.....  Girl  Boy

Current address.....  
.....  
.....

Address in Cameroon (if different to above) .....  
.....  
.....

Home telephone number .....

Date of birth ..... Current age .....  
YY MM

Country of birth .....

Birth certificate N° .....  
(Please attach copy of Birth certificate)

Cameroon citizen  Yes  No

If no, please state your child's nationality .....

If your child has dual nationality, please state which .....  
.....

What is your child's first language? .....

What languages are spoken at home? .....

**Father's Details**

Name .....

Current address.....

.....

.....

Home number..... Mobile.....

Passport/ID number ..... Country of issue.....

Occupation .....

Company name.....

Email address.....

**Mother's Details**

Name .....

Current address.....

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.....

Home number..... Mobile.....

Passport/ID number ..... Country of issue.....

Occupation .....

Company name.....

Email address.....

Will both parents be residing in Cameroon while your child is at school here?

.....

Please note that at least one parent must be resident in Cameroon for the duration of the child's studies in The Bridge International School

Please state who your child will live with during term time? : .....

.....

Please complete the table below for information about your child's siblings, if applicable.

Name of sibling	Date of Birth	Sex	Name and address of present school

**Emergency Contact Numbers:**

- a) Name of person.....
- Relationship to child.....
- Phone Number.....
- b) Name of person .....
- Relationship to child.....
- Phone Number .....

**Mailing Address**

For correspondence (please tick)  Home  Business address

Business address.....  
 .....  
 .....

For invoices (please tick)  Home  Father's Business  Mother's Business

**2. ACADEMIC INFORMATION**

Is your child currently attending school? .....

If yes, please complete the table below:

Name and address of last three schools	From (MM/YYYY)	To (MM/YYYY)

**Please provide copies of your child's last school reports**

Is your child proficient in written and spoken English .....

Has your child ever been suspended or asked to leave school? If so, please specify.

.....  
.....

Does your child have any physical disabilities, social/learning difficulties or medical problems? (Please include information on depression, anxiety or stress related issues)

.....  
.....

Has your child ever received any form of learning support and/ or has your child ever been assessed by an educational psychologist or any other specialists concerned with child development? (If yes, please specify and provide a copy of the report(s) .....

.....

Do you have any general comments about your child that you wish to place on record? e.g. interests / particular achievement?

.....

### **3. MEDICAL INFORMATION**

Dear parent/guardian: The following information is requested so that the school can work with you to meet the physical, intellectual and emotional needs of your child. Please kindly fill out the information requested.

#### **HEALTH HISTORY**

Please tick

	<b>HEALTH HISTORY</b>	<b>YES</b>	<b>NO</b>	<b>RESOLVED</b>
1	Allergies or Reactions (for example, food, medication or other)			
2	Hay Fever, Asthma, or Wheezing			
3	Eczema or Frequent Skin Rashes			
4	Convulsions/Seizures			
5	Heart Problem			
6	Diabetes			
7	Frequent Colds, Sore Throats, Earaches			
8	Trouble with Passing Urine or Bowel Movements			
9	Shortness of Breath			
10	Speech Problems			
11	Menstrual Problems			
12	Dental Problems			
13	Any daily medications			
14	Fainting or blacking out			

- Does your child take any medication(s) regularly? \_\_\_\_\_
- Reason for medication  
\_\_\_\_\_

#### **PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS (Required for Child Care)**

Was your child tested for vision	YES	NO
Was your child tested for hearing	YES	NO
Was your child tested for urinalysis (urine)	YES	NO
Was his/her blood level tested	YES	NO

#### **Test Result**

Visual acuity	NORMAL	ABNORMAL	Visual aid (medical glasses)
Hearing ability	NORMAL	ABNORMAL	Hearing aid
Hemoglobin (Blood level)	NORMAL	ABNORMAL	
Weight (kg)			
Height			

**BIRTH HISTORY** (Give a brief outline, ie: bone prematurely, caesarian delivery, forceps etc...)

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- Any health problem from birth?

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- Are there any current or past diagnoses? YES / NO.

**IF YES please describe**

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- Was your child immunised? YES/NO
- IF you child is below 5years, please attached the vaccination card to this form.
- Daily Medications (specify):

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- This student may:  participate fully in the school program  
 participate in the school program with the following restriction/adaptation:

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- This student may:  participate fully in athletic activities and competitive sports  
 participate in athletic activities and competitive sports with the following restriction/adaptation:

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- In case of an emergency, can the school call you child's doctor in case you are unobtainable? YES/ NO
- IF YES, doctor's name and phone number

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- Can the school let another doctor examine your child?

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Is there anything you want to discuss with the school nurse? YES/ NO

If YES, explain:

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To: The Headteacher,  
The Bridge International School  
Bonamoussadi. B.P. 4157.

Dear Sir,

I understand and accept the policy and conditions governing enrolment and admission of my child into the School and I acknowledge that withholding relevant information relating to my child’s physical, medical or educational needs may affect my child being offered or maintaining a place within the School.

I declare that to the best of my knowledge all of the information which I have supplied in this application form is full and accurate. I undertake to inform the School immediately of any change in the particulars to this application or of my wish to withdraw it.

I further declare:

That I have read and understood The Bridge International School’s Rules and Regulations. I accept its content and will abide by it during our stay at the school.

I further undertake:

1. To pay school fees in line with recommendation of the school
2. To pay such increased fees as may be approved by the Board of Governors from time to time;
3. To inform the school of my wish to withdraw in accordance with the withdrawal deadlines.

Douala: ..... (Date)

Signature of Parent .....

<b>For Official Use</b>	
Registration N°	
Application fee received	
Date of interview with Head of Section/Headteacher	
Head of Section/Headteacher remarks	
Place offered / Not offered	
Place accepted / Not accepted	
Date of application withdrawn	
Reason for withdrawal	

**Head of Section**

**Headteacher**



THE BRIDGE International School  
 Nursery – Primary – Secondary – Adult learning centre  
 Po.Box.: 4157 Douala Bonamoussadi – Phone : 33 47 13 78 / 33 47 13 79

Email: [info@thebridge-intschool.com](mailto:info@thebridge-intschool.com) – Website. : [Thebridge-intschool.com](http://Thebridge-intschool.com)