

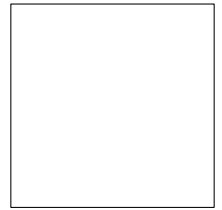


SWANSEA INTERNATIONAL SCHOOL

No. 4/30, Tharalanda Road, Matale 21000, Sri Lanka.

Tel: 066-2223995, 077-6131303

Email: swansea.int@gmail.com Website: www.sis.lk



STUDENT APPLICATION FORM

ADMISSION NO.

Class to which admission is sought:

Name of the student (Miss/ Master):

(First Name)

(Surname)

Date of birth:

(Attach the copy of Birth Certificate)

(DD/MM/YYYY)

Age as at 1st:

Y

M

Nationality:

Religion:

Schools attended with dates & grades:

NAME OF THE SCHOOL	COUNTRY	DURATION	CLASSES

Preferred games:

Parent's or guardian's full name:

(Attach the copy of NIC or other document of identity)

Occupation (please specify):

Home address:

Telephone:

Email:

Name of organisation:

Business address:

Telephone:

Mobile(s):

Email:

Names & classes of any relatives studying / Have studied at SIS:

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Date:

Signature:

Please read and sign the declaration overleaf.