



PHILIPPINE SCHOOL IN GREECE

ΤΟ ΣΧΟΛΕΙΟ ΤΩΝ ΦΙΛΙΠΠΙΝΩΝ ΣΤΗΝ ΕΛΛΑΔΑ
Thimaton Polemou 15, Kareas, Vyronas 16233 Athens, Greece
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CP #: 003069820638031/Telefax: 2110149970

Student Type:		Date of Registration:	
<input type="checkbox"/> OLD	<input type="checkbox"/> NEW		
Student Number:		School Year:	

FORM- 1 (Revised June 2022)

APPLICATION FOR ADMISSION

Section A: PERSONAL DATA				PHOTO (2 x 2)
Family Name		First Name:	Middle Name:	
Age:	Birth Date:	Birth Place:	Gender:	
Nationality:	Passport Number:	Religion:	Primary Language Spoken at Home:	
Name of School Last Attended:		Grade/Year Level Applying for:		
Complete Address of School Last Attended:			Zip Code:	
Home Address in Greece:			Zip Code:	
Father's Name:		Nationality:	E-mail:	Contact Number:
Mother's Name		Nationality:	E-mail:	Contact Number
Father's Occupation:		Company/Business Name:	Company/Business Address:	
Mother's Occupation:		Company/Business Name:	Company/Business Address:	
Contact Person in Case of Emergency:		Relationship	Contact Number:	
1. Has your child ever been a member of a special interest club? (e.g. Dramatics, Glee Club, Dance and Art Club, others) (If yes, please specify) <input type="checkbox"/> No <input type="checkbox"/> Yes				
2. Do you wish your child to take the school bus? <input type="checkbox"/> No <input type="checkbox"/> Yes				
SECTION B: PRE-NURSERY/NURSERY/KINDERGARTEN ONLY				
3. Is your child toilet trained? <input type="checkbox"/> Fully trained <input type="checkbox"/> Wears nappies for nap/sleep <input type="checkbox"/> Wears nappies during the day				
4. Does your child use a baby bottle? <input type="checkbox"/> Uses a baby bottle at nap/sleep time <input type="checkbox"/> Uses a baby bottle for all milk drinks <input type="checkbox"/> Uses a cup for drinking				
5. Does your child need assistance at meal times? <input type="checkbox"/> Needs no help at meal time (uses a spoon/fork) <input type="checkbox"/> Needs some help at meal times <input type="checkbox"/> Is fed at meal times				
6. Has your child studied English? (If yes, how many years?) <input type="checkbox"/> No <input type="checkbox"/> Yes				
SPECIAL EDUCATIONAL/PSYCHOLOGICAL NEEDS: In order for PSG to provide the very best support to your child's/children's learning, it is essential that all details of this section are completed in full. Parents must give details of any previous special educational programs and the results of any tests or assessments that have been carried out. If it is found later that essential details have been withheld at the time of application, PSG reserves the right to withdraw acceptance of the student.				

7. Have your child ever been diagnosed with any of the following: (Please tick the relevant boxes if "YES")

- Attention Deficit Order
- Dyslexia
- Hyperactivity
- Learning Disabilities

- Autism/Asperger's
- Emotional/Behavioral Disorders
- Language and/or Speech Disorder
- Other (Please specify) _____

8. In the past three years, has your child received service in a special program (i.e. gifted and talented, learning difficulty, speech-language therapy, counseling, etc.)? If yes, please give details.

- No Yes

9. Has your child repeated any grade levels/school years? If yes, please give details.

- No Yes

10. Has your child ever been suspended? If yes, please give details.

- No Yes

SECTION C: MEDICAL INFORMATION

11. Has your child been vaccinated for the following:

- a. MEASLES/MUMPS/RUBELLA
- b. DIPHTHERIA/PERTUSSIS(Whooping Cough)/TETANUS
- c. POLIO
- d. HEPATITIS (Gamma Globulin)

- | | | | |
|--------------------------|----|--------------------------|-----|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |

12. Which childhood diseases have your child had?

13. Does your child have any special medical problems (including allergies)? If yes, please give details.

- No Yes

14. Does your child take any medical medication and/or need to take any kind of medical device e.g. inhaler? If yes, please give details.

- No Yes

15. Does your child need corrective help for sight (glasses) or hearing? If yes, please give details.

- No Yes

16. Does your child have any dietary requirements (i.e. for religion or medical reasons)? If yes, please give details.

- No Yes

17. Does your child have any physical ailments, which would prevent him or her from participating in physical education classes or any other school activities? If yes, please give details.

- No Yes

SECTION D: REFERRAL INFORMATION

Who referred the school to you? _____

Relationship to the person referred the school: _____

Checked by:

Assessed and received by:

Jasmin P. Imperial
Deputy Principal

Noted by:

Mr. Sabino Francisco
School Cashier

Mrs. Gracia Celia G. Nickel
Directress/Principal

Parent's/Guardian's Signature