



## WOODFORD INTERNATIONAL SCHOOL

P.O. Box R44, Honiara, Solomon Islands

Tel: (+677) 30186 Fax: (+677) 38021

www.wis.edu.sb woodford@solomon.com.sb

### CHECKLIST

Application form   
Copy of Passport or Birth Cert   
Previous School Reports   
Application Fee \$1000SBD   
(Non refundable)

# ENROLMENT APPLICATION

Please complete the application honestly and thoroughly. We rely on the information you provide to make the best judgment we can when placing your child in our school. Failure to disclose important information about your child may mean that their enrolment is delayed or withdrawn

## PERSONAL DETAILS

First names:			
Surnames / Family names:			
Name to be known as at school (if different from above)			
Date of Birth:	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Nationality:
Reason for Enrolment			
Anticipated starting date:			Date of Application:
Are there any other family members currently attending Woodford (If Yes, please state Year levels)			
Does your child have access to a computer at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	To the internet? Yes <input type="checkbox"/> No <input type="checkbox"/>		Main Language spoken at home:

## EDUCATIONAL BACKGROUND

(Please complete this section only if you child has attended school elsewhere)

What age did they start school?		Current Year Level:		
Previous school attended:	How many years have they attended this school?	Grade completed at this school	Country	Language of Instruction

Does your child have any special education needs? (if YES please give details and include documentation)

At what level do you hope your child to be placed (please tick below)						
	Kindy <input type="checkbox"/>	Pre <input type="checkbox"/>				
Primary	Prep <input type="checkbox"/>	Yr 1 <input type="checkbox"/>	Yr 2 <input type="checkbox"/>	Yr 3 <input type="checkbox"/>	Yr 4 <input type="checkbox"/>	Yr 5 <input type="checkbox"/>
Secondary	Yr6 <input type="checkbox"/>	Yr7 <input type="checkbox"/>	Yr 8 <input type="checkbox"/>	Yr 9 <input type="checkbox"/>	Yr 10 <input type="checkbox"/>	Yr 11 <input type="checkbox"/>

## CONTACT DETAILS

<b>Father's Full name:</b>	<b>Mother's Full Name:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Office Phone:</b>	<b>Office Phone:</b>
<b>Mobile Number:</b>	<b>Mobile Number:</b>
<b>Email address:</b>	<b>Email Address:</b>

Is there anything about your personal circumstances of which the school should be aware of:

  
  
  
  
  
  
  
  
  
  

## EMERGENCY CONTACT

*(People to contact if we can't contact you)*

<b>Full Name</b>	<b>Full Name</b>
<b>Home Number</b>	<b>Home Number</b>
<b>Mobile Number:</b>	<b>Mobile Number:</b>
<b>Email:</b>	<b>Email:</b>
<b>Their relation to you:</b>	<b>Their relation to you:</b>

## MEDICAL HISTORY

Please outline any medical information about your child that may impact on their education e.g allergies / sigh or hearing problems etc

  
  
  
  
  
  
  
  
  
  

Does your child wear glasses in class Yes  No

I certify that the information I have given in this application is true and accurate:

Full Name (Parent / Guardian) .....

Parent / Guardian Signature ..... Date: .....

In order to process your application, we need the following documents. Please indicate that you have included them (copies are acceptable)

Passport or birth Certificate                       Previous school reports

## PERMISSIONS

### **Medical Permission**

Normally you will be consulted about medical treatment for your child is outside basic first aid. There may however be circumstances when urgent treatment is needed or when we are able to get hold of you or your emergency contacts. We would like your permission to administer the treatment that we see is best in this circumstance.

**I consent for the staff to take whatever action they deem necessary in the case of a medical emergency.**

Parent / Guardian Signature ..... Date .....

### **Field Trip Permission**

Students at Woodford International School often participate in curricular activities such as class excursions, sporting activities and other school associated trips. Prior to the event taking place, parents will be notified of the particular activity by the class teacher or school, but this permission below means we don't have to collect permission slips for each individual trip.

**I give permission for my child to take part I school excursions and to travel by bus or private car when necessary in order to do so.**

Parent / Guardian Signature ..... Date .....

Please submit your complete application:

**Head of School  
Woodford International School  
PO Box R44  
Honiara, Solomon Islands**

Or by hand to the School Office.

NB:

- Applications that are missing significant information will be returned to be completed
- Overseas applicants, please notify us of all up to date information when you arrive

**FOR OFFICE USE ONLY**

<b>Date application received:</b>	<b>Received by:</b>	<b>Application fee paid</b> <input type="checkbox"/> Attach copy of receipt
Application sighted by Head of School	Yes <input type="checkbox"/>	Other Comments
<b>Date:</b>		
Application sighted by IB Coordinator	Yes <input type="checkbox"/>	Other Comments
<b>Date:</b>		
Application sighted by Primary School Principal	Yes <input type="checkbox"/>	Other Comments
<b>Date:</b>		
Application sighted by Director Curriculum	Yes <input type="checkbox"/>	Other Comments
<b>Date:</b>		
Application sighted by High School Principal	Yes <input type="checkbox"/>	
<b>Date:</b>		
<b>Placement Test Results (return test papers/results to the office)</b>		Other Comments
Reading		
Numeracy		
Language		
<b>Proposed Class Level:</b>		
<b>Date Invoice sent</b>	Email <input type="checkbox"/> Post <input type="checkbox"/>	
<b>Signature:</b>		
<b>Other Comments:</b>		