



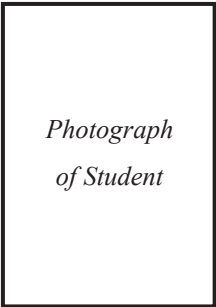
# LAKELAND INTER-AMERICAN SCHOOL

- MATARA -

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Photograph  
of Student

## APPLICATION FORM

(ALL ENTRIES MUST BE MADE IN BLOCK LETTERS)

Class applied for :	: Year .....	
Academic year :	: 20...../ 20.....	
Semester :	: 1 <sup>st</sup> - Fall (Sep-Dec)	<input type="checkbox"/>
	: 2 <sup>nd</sup> - Spring (Jan-Apr)	<input type="checkbox"/>
	: 3 <sup>rd</sup> - Summer (May-Aug)	<input type="checkbox"/>

### 1. STUDENT INFORMATION

Name (with initials)	: .....	
Name in Full	: .....	
	(As should appear in all academic documentation and certificates)	
Sex	: .....	
Nationality	: .....	
Religion	: .....	
Date of Birth	: .....	
Place of Birth	: .....	
Age (on admission)	: .....	Age on 1 Sep. 20..... : .....
Address	: .....	
	: .....	

### 2. PARENT INFORMATION

<b><u>FATHER</u></b>	
Name in Full	: .....
Nationality	: .....
Religion	: .....
Address	: .....
	: .....
Occupation	: .....
Office Address	: .....
	: .....
Tel No :..... Office :..... Mobile :.....	
E-mail :..... Fax :.....	

**MOTHER**

Name in Full :.....  
Nationality :.....  
Religion :.....  
Address :.....  
:.....  
Occupation :.....  
Office Address :.....  
:.....

**Tel No** :..... **Office** :..... **Mobile** :.....  
**E-mail** :..... **Fax** :.....

**3. GUARDIAN'S INFORMATION**

Name in Full :.....  
Nationality :.....  
Religion :.....  
Address :.....  
:.....  
Occupation :.....  
Office Address :.....  
:.....

**Tel No** :..... **Office** :..... **Mobile** :.....  
**E-mail** :..... **Fax** :.....

## 4. STUDENT'S HISTORY

### ACADEMIC

Current School/ Montessori : .....

Last Grade Studied : .....

Previous School : .....

Reason for leaving : .....

### MEDICAL

Does your child suffer from any of the following

Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any Other : .....

## 5. EMERGENCY INFORMATION

In case of emergency please contact :

OFFICE

HOME

MOBILE

Father	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>

### **How did you hear about us ?**

Social Media	<input type="checkbox"/>	Through a friend	<input type="checkbox"/>
Google/ Search Engine	<input type="checkbox"/>	Other	<input type="checkbox"/>

# FAMILY PHYSICIAN

Name : .....

Contact No : .....

Address : .....

Hospital Preferred : .....

.....  
**Parents Signature**

.....  
**Date**

## Please handover the following with the Application

- Birth Certificate
- Immunization Card
- Letter from the Family Doctor
- 3 Stamp size Photographs of the Student

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## OFFICE USE ONLY

Interviewed on .....

Placement test .....

Class admitted .....

Fluency in Language	English	Excellent	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
	Sinhala	Excellent	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
	Tamil	Excellent	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>

Marks obtained English ..... Maths .....

.....  
**PRINCIPAL**

.....  
**Date**