

STUDENT REGISTRATION FORM/KSI Montenegro

STUDENT

Child's Surname								
First Name(s)					Preferred Name			
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	DOB	/ / (DD/MM/YY)	Nationality			First Language	
Proposed entry date				Year level			Proposed length of stay	
Have you registered at other schools? If so, where?								

Home Address

Address			
Phone		Email	

FAMILY INFORMATION

Mother

Title & Surname			First Name	
Occupation			Business Name	
Business Phone			Mobile	
Personal Email				

Father

Title & Surname			First Name	
Occupation			Business Name	
Business Phone			Mobile	
Personal Email				

Siblings

Name	Age	Current School	Applying to KSI Montenegro?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Educational Information

Name of current school					
Address					
Telephone/Fax			Website		
Start Date /End Date	/	/	Present Year/Grade		
Type of School	<input type="checkbox"/> International <input type="checkbox"/> Private <input type="checkbox"/> Public/National <input type="checkbox"/> Boarding				
Programme			Language of Instruction		

Student as a Learner

Please tell us about how you see your child as a learner. How best does your child learn?

Is there anything else you would like to share?

Other Information

How did you hear about Knightsbridge Schools International Montenegro? Do you have any connections with the school or schools' group, Knightsbridge Schools?

Declaration

I declare that I have read and understood the information above. The information provided in this form is true and accurate to the best of my knowledge.

Date:	/ / (DD/MM/YY)	Signature:	
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Please submit complete registration form to the Knightsbridge Schools International Montenegro at INFO@KSI-Montenegro.com or by post to:

Head of Admissions
Knightsbridge Schools International Montenegro
Seljanovo bb., Tivat 85320
Montenegro