



COLOMBO SCHOOL OF ARTS

STUDENT ADMISSION FORM

PLEASE COMPLETE EACH SECTION IN BLOCK LETTERS
USING BLUE OR BLACK INK

Section 1: Personal Details

Family name

First name(s)

Date of birth

Male/Female

Nationality

Home address

Home telephone nos

Father's name

Father's profession/Office designation & address

Father's email/contact no.

Mother's name

Mother's profession/Office designation & address

Mother's email/contact no.

Place recent
photograph of
applicant here

OFFICE USE ONLY

Details verified

Admission fee received

Administrator's signature:

Approved by Principal

Principal's signature:

Date of admission:

Grade admitted to:

Adm. No.:

Names & grades of brothers/sisters already attending school

Section 2: Academic Details

Grade to which admission is sought

Subjects to be offered in selected grade

Schools attended in the past 3 years

Details of academic qualifications (if any)

Section 3: Medical Details

Does your child currently have any medical allergies/conditions? If yes, please give details.

Please specify precautions to be taken in the event of a medical emergency.

Section 4: Declaration

I hereby certify that, to the best of my knowledge, the information provided in this form is correct. I agree to pay all fees on time and take responsibility for my child's conforming to all school rules. I also acknowledge that while the school does its best to ensure the safety of my child's life, health and property, the school cannot be held responsible for any damage to these.

Parent/Guardian signature

Date