Royal International School
Kurunegala

No. 478, Kandy Road, Kurunegala.
Tel: 037-2232079
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Registration Form

Affix one photo

RIS PRIMARY - ADMISSION FORM

Kurunegala

Date:

Name in Full:

First Name:

Middle Name: Surname:

Date of Birth : / / / (Date/Month/Year)

Gender : (Male/Female) Religion :

Nationality : Mother Tongue:

Blood Group: Any Known Allergies:

If the child is on any long term medication: Yes/No

If Yes please specify :

Any special Health issue: (eg : history of fits)

Any congenital illness: Yes/No

If Yes please specify attach the copies of the medical reports.

Parents' Details

	Father	Mother	Guardian
Name in Full:			
Nationality:			
NIC/Passport No:-			
Occupation:			
Permanent Address:			
Postal Address:			
Residence Telephone No:			
Mobile No:			
Office Address:			
Office Telephone No:			
Office/Home Fax No:			
Email Address :			
Specimen Signature (Full Signature)			

If a guardian is appointed, please provide following,

1) Letter signed parents application to guardian. 2) Letter of acceptance signed by the guardian.
3) Recent photograph of the guardian. 4) Copy of NIC of the guardian.

Child lives with *(Please tick)*	Both Parents	Single Parent :Mother/Father *Please specify*	Guardian

Names of Siblings at RIS (if applicable)

Name	Index Number	Grade
1).		
2).		
3).		

Declaration

If admission is granted for my child, I hereby solemnly declare and affirm that the particulars given above are true and correct; and if any are found to be incorrect, I agree to remove my child from the School. Furthermore I undertake to abide by all existing rules and regulations of the school and to accept any further conditions administered by the school management. Further I undertake to be cooperative with the Board of Management in all aspects and ensure that my child will strictly abide by the code of discipline and ethics of the school. Further I agree to accept the decision(s) made by the Board of Management as final and conclusive. Further it shall be my responsibility to see that my child shall abide by the decision(s) of the Management. I also agree to settle all fee payments by the due date and that failure to do so will result in a payment of a surcharge as per the school policy.

Signature of the Parent/Guardian: Date:

Date of Admission :	Grade:	Academic Year:

Index Number : Remarks :

Signature of Principal:	Date :

FOR OFFICE USE ONLY

Payment	Receipt No.:	Amount:	Signature:
Registration			
Refundable Deposit			
Donation Building Fund			
School Fees			

Documents Submitted	**Birth Certificate**	**Photograph**