

REACH INTERNATIONAL SCHOOL

I N Q U I R Y F O R M

Date: _____

Parent/ Guardian Name: _____

Contact No.: _____ Email Add.: _____

Student Name: _____ Gender: _____

Date of Birth: _____ Age: _____

Last Grade Completed: _____ Applying for Level: _____

Last School Attended: _____

Please Check:

Regular Learning Disability

Special Education – Diagnosis: _____

How did you learn about our school?

Walk-in Online (Website /FB) Referral _____

-----DO NOT WRITE BELOW THIS LINE – ADMINISTRATIVE USE ONLY-----

ADMISSION DETAILS:

Appointment Date: _____ Time: _____

(Parents' Interview by appointment)

Assessment Date: _____ Time: _____

Type of Assessment: _____

Name of Assessor: _____

Admission Officer: _____

Name and Signature

Parent Teacher Conference with School Administrator

Date: _____ Time: _____

ENROLLMENT DETAILS:

Enrolled Student Start Date: _____

Did not Enroll Reason(s): _____