



The Infinite Knowledge International School (TIKIS)

Application date: / / /

PHOTO ↓

STUDENT APPLICATION FORM

Class Requested KG1 KG2 KG3 Grade/Class _____

First name: _____

Last name: _____

Date of Birth: / / Age: _____ Gender: Male Female

Place of Birth: _____

Country: _____

Passport / ID Number: _____

Nationality (ies): _____

Native language: _____

Other languages: _____

Home address: _____

Previous school(s): _____

Name & location (country): _____

Class language year: _____

FAMILY INFORMATION

Parents status:

Married Divorced If divorced, please specify with whom the student

lives: _____

Father / Guardian Mother / Guardian Full Name: _____

Phone number: _____

Email address: _____

Fees will be paid by:

Parent Guardian Embassy / Organization Other

Name: _____

Tel: _____

Email address: _____

Parent/Guardian signature

Secretary signature

HEALTH INFORMATION FORM

Dear Parents/Guardians, The well-being of your child is of utmost importance to us at The Infinite Knowledge International School (TIKIS). To ensure that we can provide appropriate care and support, we request that you provide us with important health information about your child. Please complete the following form accurately and return it to the school office as soon as possible.

Student Information:

Student's Full Name: _____

Grade/Class: _____

Parent/Guardian Information:

Parent/Guardian Full Name: _____

Relationship to Student: _____

Phone Number: _____ Email: _____

Health Information:

Medical Conditions:

● Does your child have any medical conditions (e.g., asthma, diabetes, epilepsy, allergies)? If yes, please provide details. Yes No

Details: _____

Medications:

● Is your child currently taking any medications? If yes, please provide details, including the name of the medication, dosage, and any specific instructions. Yes No

Details: _____

Allergies:

● Does your child have any allergies (food, medication, insect bites, etc.)? If yes, please provide details, including the type of allergy and any necessary precautions. Yes No

Details: _____

Special dietary requirements:

● Are there any specific dietary requirements or restrictions we should be aware of? If yes, please provide details. Yes No Details: _____

Emergency Contacts:

● Please provide names and contact information for at least two emergency contacts other than the parents/guardians.

● Emergency Contact 1:

● Name: _____ Relationship: _____

● Phone: _____

● Emergency Contact 2:

● Name: _____ Relationship: _____

● Phone: _____

Health Insurance Information: Insurance Provider: _____

Emergency Contact Number: _____

Additional Information:

Please provide any additional information that you believe would be important for us to know regarding your child's health and well-being. Details:

PERMISSION FORM FOR MEDIA USE OF STUDENTS

Dear Parents/Guardians, We at The Infinite Knowledge International School (TIKIS), appreciate the importance of capturing and celebrating the various activities and achievements of our students. From time to time, we may wish to use photographs and videos of our students in promotional materials, on our official website, and on our social media page. These materials serve to show case the vibrant and diverse experiences of our school community. We seek your permission to use photographs and videos featuring your child for the purposes mentioned above. Please read the following information carefully and sign the form to provide your consent.

Student Information:

Student's full name: _____

Grade/Class: _____

Consent number: _____

I, the undersigned, as the parent/guardian of the above-named student, hereby grant The Infinite Knowledge International School (TIKIS) permission to use photographs and videos of my child for the following purposes: Inclusion in school-related promotional materials. Display on the official school website. Sharing on official school social media page. I understand that the photographs and videos may be used for advertising, public relations, and marketing purposes to promote the positive image of The Infinite Knowledge International School (TIKIS). I also understand that once images are posted on the internet, they may be shared and viewed by a wider audience. Release: I release The Infinite Knowledge International School(TIKIS), its agents, representatives, employees, and any third parties acting under its authority, from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses, whether at law or in equity, known or unknown, arising out of the use of the photographs and videos as described above.

Duration: This permission is granted for the current school year and will remain in effect until a written revocation is submitted to the school administration. Revocation: I understand that I have the right to revoke this permission at any time by providing written notice to the school administration.

Parent/Guardian Information:

Parent/Guardian full name: _____

Relationship to student: _____

Contact information: _____

Phone number: _____ Email: _____

Thank you for taking the time to provide this important information. The details you provide will be kept confidential and will only be shared with relevant staff members involved in the care of your child.

Parent/Guardian signature

Date: / / /