



SAIGON SOUTH INTERNATIONAL SCHOOL

Saigon South Parkway, Tan Phong Ward, District 7
Ho Chi Minh City, Vietnam
Tel: (84 8) 413-0901 Fax: (84 8) 413-0902
Email: admissions@ssischool.org

Application Grades 6 to 12

Student's Name _____
Last (Family) First (Given) Middle Nickname

Date of Birth: _____ Current Grade: ____ Applying to Grade: ____ Expected entry date: _____
Month

School year begins: _____ ends: _____ Sex: Boy Girl
Month Month

Reason for changing schools: _____

Is the applicant eligible to return to his/her present school? Yes No

Has the applicant ever received disciplinary action in a former school? Yes No

Please explain _____

Current or most recent school: _____

How long does the student plan to study at SSIS? _____

Does the student intend to finish grade 12 at SSIS? Yes No

In what country does the student plan to study at university? _____

Family History

Father's Name: _____ Mother's Name _____

Name of Guardian: _____ Relationship to Family: _____

Student will be living in Ho Chi Minh City with (check all that apply):

- Father
- Step -Father
- Guardian
- Mother
- Step-Mother
- Other

Name(s) of brothers and sisters:	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Language(s) spoken at home _____

Student's first language(s): _____

School History

Please list all schools attended (most recent school first, be specific, submit official transcripts/report cards)

School Name	Location (Country) Address Phone Number	Dates Attended		Grade Level(s)	Language of Instruction

Physical History

Hearing / Vision:

Hearing Concerns: Yes No
 Please explain:

Vision Concerns: Yes No
 Student wears glasses/contacts to see: Close Distance

Has your child ever been examined or hospitalized for:

<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Seizures/Convulsions
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Allergies	<input type="checkbox"/> Neurological Problems
<input type="checkbox"/> Prolonged Fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Recurrent Ear Infections

Please explain: _____

Student is currently taking the following medications:

1. _____ 2. _____

Reason: _____

Applicant's Background

Main language of instruction for the last five (5) years _____

Student can:

Language: _____
 Language: _____
 Language: _____

Speak			Read			Write		
beginner	intermediate	fluent	beginner	intermediate	fluent	beginner	intermediate	fluent

Please circle the appropriate answer and explain in detail on last page:

- | | | | |
|---|-----|----|-------|
| 1. Has this student ever received a double promotion (skipped a grade)? | Yes | No | Grade |
| 2. Has this student ever been in a gifted/talented/honors program? | Yes | No | Grade |
| 3. Has this student ever repeated a grade? | Yes | No | Grade |
| 4. Has this student ever been in an ESL program? | Yes | No | Grade |

