



Level Assessment Form

STUDENT INFORMATION					
First Name			Last Name		
Date of Birth		Place of Birth		Gender	
Address				Nationality	
First Language		Second Language		Third Language	
Start Date at Kielo			Expected length of stay at Kielo		
GUARDIAN INFORMATION					
Guardian (father)				Phone number	
Address				E-mail	
Guardian (mother)				Phone number	
Address				E-mail	
LEVEL ASSESSMENT DATE					
Which level assessment day will you attend:					
Feb 11, 2017 10:00am	<input type="checkbox"/>	March 4, 2017 10:00am	<input type="checkbox"/>	March 25, 2017 10:00am	<input type="checkbox"/>
April 8, 2017 10:00am	<input type="checkbox"/>	May 20, 2017 10:00am	<input type="checkbox"/>		
SIGNATURES					
I hereby certify that all information provided is accurate and true.					
Signature of guardian:				Date:	
Signature of guardian:				Date:	
How did you hear of Kielo International School?	Google search <input type="checkbox"/>	Facebook <input type="checkbox"/>	Paper advert <input type="checkbox"/>	Word of mouth <input type="checkbox"/>	