



**GEITONAS SCHOOL  
INTERNATIONAL BACCALAUREATE DIPLOMA PROGRAMME**



**PARENT STATEMENT  
To be completed by a parent or guardian**

**Part Two**

**Section A: Family** (*All data is confidential and is not to be disclosed outside the school*)

1. **Candidate's Name:** \_\_\_\_\_  
*Last*
*First*
*Middle*

2. **Candidates' Family:**      **Father** Living       **Mother** Living   
Deceased 
Deceased

**Parents are:**    Married     Single     Separated     Divorced

If parents are living apart, with whom does the candidate live? \_\_\_\_\_

3. **Father's Name:** \_\_\_\_\_  
*Last*
*First*
*Middle*

Occupation/Title: \_\_\_\_\_ Company/ Institution: \_\_\_\_\_

Business Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Father's Birth: \_\_\_\_\_  
*Year*
*Place*

College(s) Attended by Father, if any, and Degree(s) Earned:

\_\_\_\_\_

4. **Mother's Name:** \_\_\_\_\_  
*Last*
*First*
*Middle*

Occupation/Title: \_\_\_\_\_ Company/ Institution: \_\_\_\_\_

Business Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mother's Birth: \_\_\_\_\_  
*Year*
*Place*

College(s) attended by Mother, if any, and Degree(s) Earned:

\_\_\_\_\_

5. Has your son or daughter either skipped or repeated year of school? If so, which and why?

.....  
 .....  
 .....

6. Do you have any other children? Yes  No  If yes, Please complete the following table

| Name | Age | School Attending | Grade |
|------|-----|------------------|-------|
|      |     |                  |       |
|      |     |                  |       |
|      |     |                  |       |

7. Where did you hear about Geitonas IB Diploma programme?

Family  Friend  Newspaper  Advertisement  Teacher  Student

IB Graduate  Career Counselor  Internet  Other

**SECTION B: HEALTH**

**Emergency Contact in Case of Parental/Guardian Absence**

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

- How is he/she connected to you? Relative  Friend  Trusted

**Physical health**

➤ Is there any diagnosed problem in relation to the candidate's

Hearing  Eyes & Vision  Oral Cavity  Respiratory System  Nervous System

Cardiovascular System  Immune System  Muscular Skeletal System  Skin Thyroid

If Yes, Explain

.....  
 .....  
 .....

➤ Are you aware of any other health problem?

.....  
 .....

➤ Is the candidate under prescribed medication or pharmaceutical prescription?

.....  
 .....  
 .....

➤ List any sort of medicine that can not be offered to your child under any circumstance?

(i) ....., (ii) ....., (iii) .....

➤ In case of medical emergency, state the way in which you wish the school to act?

.....  
 .....

\_\_\_\_\_  
 Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Day / Month / Year