

School Enrolment Form

School Name: <u> CAPESIDE HIGH SCHOOL </u>	School Calendar Start: <u> 31/07/2012 </u> End: <u> 31/07/2013 </u>
School Contact Name: <u> MRS. SHERLY HOLMES </u>	Email: <u> sholmes@capeside.edu.hk </u>
School Technician Name: <u> MR. AARON SMITH </u>	Email: <u> asmith@capeside.edu.hk </u>
OTC Account No: <u> 15204955 </u>	

Student ID: System Generated ID NRIC ID provided by School

Proficiency Band: US Standard Singapore Standard

Grade Level: **K/Primary** Pre-K K 1 2 3 4 5 6

Secondary 7 8 9 10 11 12

Product: SRI SRC SPI SMI Total License Required: 234 Date Submitted (dd/mm/yyyy): 08/07/2012

Permission for School Administrator

	View	Edit
Student Edit Window	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Group Edit Window	<input type="checkbox"/>	<input type="checkbox"/>
Class Edit Window	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Teacher Edit Window	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School Edit Window	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
My Edit Window	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Permission for Teacher

	View	Edit
Student Edit Window	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Group Edit Window	<input type="checkbox"/>	<input type="checkbox"/>
Class Edit Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My Edit Window	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Summary by Grade

	K		Primary						Secondary					
Grade Level	Pre-K	K	1	2	3	4	5	6	7	8	9	10	11	12
No. of Student									80	78	76			
No. of Teacher									3	3	3			
No. of Class									4	3	3			

Summary by Class

Grade Level: 7														
Class Name	S1-A1	S1-B1	S1-C1	S1-D1										
No. Students	22	18	19	21										
Teacher's Name	GARRET	HALLS	FINN	JACOBS										

Duplicate this block for all grade levels selected

Grade Level: 8														
Class Name	S2-A2	S2-B2	S2-C2											
No. Students	26	26	26											
Teacher's Name	SULLIVAN	MCPHEE	CARTER											

Grade Level: 9														
Class Name	S3-A3	S3-B3	S3-C3											
No. Students	25	25	26											
Teacher's Name	MCPHEE	JACOBS	HALLS											