



NEXA INTERNATIONAL SCHOOL
STUDENT ASSESSMENT FORM

Student Details:

Date: _____

Name: _____ Academic Year: _____

D.O.B: _____ Current Grade: _____

Current School: _____

Parent Information:

Name _____ Telephone No. _____

Email Address _____ Address _____

Does the child have a diagnosis for any of the following? (Check all that apply)

- | | |
|---|--|
| ☐ Attention Deficit/Hyperactivity Disorder | ☐ Learning Disability |
| ☐ Psychological/Psychiatric Disorder | ☐ Blindness/Low Vision |
| ☐ Medical/Physical Disability | ☐ Deaf/Hard of Hearing |
| ☐ Spinal Cord/Traumatic Brain Injury | ☐ Speech Disorders/Delays |
| ☐ Other (please specify): | |

(If you ticked any of the above, kindly attach medical records)

Reason for transferring from your current school?

ASSESSMENT CHECKLIST

Assessment for Year: _____ Grade Recorded: _____

Assessment Fee: _____

Assessment Remarks: _____

Admission Request: ☐ Granted ☐ Denied

Name: _____ Signature: _____

