ADMISSION FORM

STUDENT INFORMATION

STUDENT'FULL NAME…….

LAST FIRST MIDDLE

GENDER (MALE/ FEMALE)

DATE OF BIRTH:…….

AGE:……

ADDRESS:……

RELIGION:……

NUMBER OF BROTHERS:…….

NUMBER OF SISTERS:……

NATIONALITY:…….

NAME OF PREVIOUS SCHOOL:…….

CLASS IN PREVIOUS SCHOOL:……

PARENT

FATHER

FULL NAME:……

LAST FIRST MIDDLE

OCCUPATION:……..

PLACE OF EMPLOYMENT:……

RESIDENTIAL ADDRESS:……

CONTACT:……

EMAIL ADDRESS:……..

RELIGION:……..

NATIONALITY:……

MOTHER

FULL NAME:……

LAST FIRST MIDDLE

OCCUPATION:……..

PLACE OF EMPLOYMENT:……

RESIDENTIAL ADDRESS:……

CONTACT:……

EMAIL ADDRESS:……..

RELIGION:……..

NATIONALITY:……

GUARDIAN **(IF APPLICABLE)**

FULL NAME:……

LAST FIRST MIDDLE

OCCUPATION:……..

PLACE OF EMPLOYMENT:……

RESIDENTIAL ADDRESS:……

CONTACT:……

EMAIL ADDRESS:……..

RELIGION:……..

NATIONALITY:……

HEALTH HISTORY

Does your child have any eye problems? If yes specify……

Does your child have any allergies? If yes, please state what kind of allergies……

……

Does your child have any physical/dietary constraints? If yes, please specify……

……

Other health problem (e.g. Diabetes, Seizure, Seizure, Sickle Cell Anemia, Worm Infestation etc.) that must be known to the School (Please Give Details) ……..

……

Is your child fit to participate in all sporting activities? If No, please state why……..

……

Does your child have any specific problems/ fears/ needs? Please explain……

……

MEDICAL CONTACT

Please provide the following information in event a Medical Emergency.

Name of Doctor:……..

Address:…….

Telephone:……

EMERGENCY INFORMATION

(Emergency contacts other than parents/Guardians)

(a) NAME:……..RELATION:……..

CONTACT:……

(b) NAME:……..RELATION:……..

CONTACT:……

AUTHORIZATION FOR EMEGENCY MEDICAL CARE

I hereby give my consent to the school for all emergency medical care/first aid treatment for my child while my child is in the custody of the school. I shall bear expenses against such service

Name of Parent/ Guardian……

Signature……. Date…….

PICK-UP AUTHORIZATION

Authorization

Upon my inability to pick up my child at the close of day I authorize that my child be released to either of the following persons. (Attach passport size photographs of each person, please)

1.Name:…….

Address:……Phone No……

2. Name:…….

Address:……Phone No……

Name of Parent/Guardian……

Signature:……Date……

Declaration

I hereby declare that the Parent/ Guardian of the child named above and I am fully responsible for the payment of his/her fees and other related charges.

I agree that fees are to be paid in full and at the beginning of the term and that fees once paid are not refundable.

I agree that a term's written notice (i.e. three months) is to be given prior to the withdrawal of my child from the school or a term's fees must be paid in thereof.

Name of Parent/Guardian……..

Signature of Parent/Guardian…….....Date…….

FOR OFFICE USE

Date of Application:……

Date of Admission:……

Admission Number……

Class:……

Remarks:……

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE ADMINSTRATOR IMMEDIATELY.