



APPLICATION FOR ADMISSION

Surname			
Forenames			
Date of Birth			
Place of Birth		Male/Female	
Nationality		Religion	
Proposed Month of Entry		Entry Level	
Name of Father			
Occupation			
Office Address			
E-mail		Tel (Mobile)	
Home Address		Tel (Office)	
Name of Mother			
Occupation			
Office Address			
E-mail		Tel (Mobile)	
Home Address		Tel (Office)	
Names of Siblings (if any)			
Who will pay School Fees & Other Expenses			
School Attended During the Last Year			
In Case Of Any Emergency Who Do We Contact			
Name			
Address			
Phone Number			

ADMISSIONS

A non-refundable fee will be charged for each application.

All applications must be accompanied by a copy of the birth certificate and Photocopy of immunization card with two recent passport pictures.

Please note that registration does not guaranteed admission.

All admission are contingent upon available space. If there is no immediate opening, your child will be kept on the waiting list until his/her name comes to the top of the list.

I have read the conditions of admission and should my child be admitted, I agree to conform to the school rules and regulations.

Signed Date

OFFICE USE ONLY

Reg. No. School House

Admittance Date Reg. Fee received

Name (s) of Person to pick up the child and phone numbers

Tel:



MEDICAL INFORMATION

- A. What is your child/ward genotype? ANSWER
- B. Is your child/ward asthmatic? YES NO
- C. Has your child/ward any of the following conditions.
 Eye Ear Nose bleeding None
- C. Has your child any other medical condition or form of allergy that the school should know about? YES NO
- E. Has your child/ward ever been diagnosed as having special learning difficulties such as Dyslexia, ADHD or any other? YES NO
- F. Has your child/ward been immunized against the following?
- | | | |
|-----------------------------|------------------------------|-----------------------------|
| 1. Small Pox | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Whooping Cough | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Polio | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Tetanus | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Tuberculosis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Mumps | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Rubella (German Measles) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Hepatitis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Meningitis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please attach proof of immunization)

- G. In an emergency
 Your Doctor's Name
 Address
 Tel

- H. In an emergency do you permit us to take your child to the school clinic?
 YES NO

 Father's Signature & Date

 Mother's Signature & Date

- Please note that we have a sick bay and a nurse on duty but no drugs are administered to your child except for pain killers.
- If your child has a fever, diarrhoea or any form of infection kindly keep him/her at home for speedy recovery and the safety of other students.