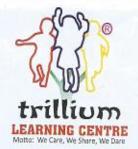


## APPLICATION FOR ADMISSION

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)
mmunization card with two recent p Please note that registration does not All admission are contingent upon ava be kept on the waiting list until his/he have read the conditions of admission	by a copy of the birth certificate and Photocopy of assport pictures. I guaranteed admission. I guaranteed is no immediate opening, your child will
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 chi	ild and phone numbers
477	Tel:



## MEDICAL

A. B.	What is your child/ward genotype? Is your child/ward asthmatic? YES	ANSWER		
C.	Has your child/ward any of the following conditions.			
		bleeding None None		
C.	Has your child any other medical condition or form of allergy that the school should know about? YES NO Has your child/ward ever been diagnosed as having special learning difficulties such as Dyslexia, ADHD or any other? YES NO Has your child/ward been immunized against the following?			
E.				
F.				
1.	Small Pox	YES NO		
2.	Whooping Cough	YES NO		
3.	Polio	YES NO		
4.	Tetanus	YES NO		
5.	Tuberculosis	YES NO		
6.	Mumps	YES NO		
7.	Rubella (German Measles)	YES NO		
8.	Hepatitis			
9.	Meningitis	YES NO NO		
Plea	se attach proof of immunization)			
G.	In an emergency			
	Your Doctor's Name			
	Address			
	Tel	1227		
H.	In an emergency do you permit us to take your child to the school clinic?			
		YES NO NO		
Fell				
Fati	her's Signature & Date	Mother's Signature & Date		
■ Plea exc	ase note that we have a sick bay and a n ept for pain killers.	ourse on duty but no drugs are administered to your child		
<ul> <li>If your recommend</li> </ul>	our child has a fever, diarrhoea or any form	m of infection kindly keep him/her at home for speedy		