

APPLICATION FOR ADMISSION

PP SIZE PHOTO

THE FOLLOWING MUST BE SUBMITTED WITH YOUR APPLICATION:

- ☐ Application fees
- ☐ Proof of Date of Birth: Birth Certificate and relevant Passport page
- ☐ Last two years' school reports
- ☐ Health History Form

THE FOLLOWING QUESTIONNAIRES ENABLE US TO UNDERSTAND THE CHILD & HER/HIS HOME ENVIRONMENT

NAME (USE BLOCK LETTERS)

☐ Male ☐ Female

surname

middle name

first name

DATE OF BIRTH dd / mm / yyyy

NATIONALITY

PASSPORT NO. (IF AVAILABLE)

PLACE OF ISSUE

DATE OF ISSUE dd / mm / yyyy

DATE OF EXPIRY dd / mm / yyyy

ADDRESS (LOCAL)

HOME ADDRESS (IF DIFFERENT FROM LOCAL ADDRESS)

HOME TELEPHONE

Tel no. 1

Tel no. 2

FATHER'S NAME

<i>surname</i>	<i>middle name</i>	<i>first name</i>

MOBILE NO.**OCCUPATION****LAST POSITION HELD****OFFICE/COMPANY TEL.****FAX****EMAIL ADDRESS****MOTHER'S NAME**

<i>surname</i>	<i>middle name</i>	<i>first name</i>

MOBILE NO.**OCCUPATION****LAST POSITION HELD****OFFICE/COMPANY TEL.****FAX****EMAIL ADDRESS****LAST SCHOOL ATTENDED****SCHOOL NAME****CITY / COUNTRY****SCHOOL TELEPHONE NO.****YEAR ENDED****GRADE COMPLETED****REASON FOR LEAVING****CHILD'S OWN BROTHERS AND SISTERS**

NAME	AGE	SCHOOL	HOBBIES	RELATIONSHIP
1.
2.
3.

OTHER MEMBERS OF THE FAMILY LIVING WITH THE CHILD

NAME	AGE	SCHOOL	HOBBIES	RELATIONSHIP
1.
2.
3.

WHAT ARE THE MEANS OF RECREATION EMPLOYED AT HOME

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IS THE CHILD VEGETARIAN/NON-VEGETARIAN**PARENTS' RELIGION****PARENT'S VIEW REGARDING PUNISHMENT AND HOW DO YOU BELIEVE A CHILD SHOULD BE DISCIPLINED ?**

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ANY INFORMTION REGARDING THE CHILD'S FEEDING HABITS ?

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EXTRA-CURRICULAR OR COMMUNITY SERVICE INTERESTS IN PREVIOUS SCHOOLS**LANGUAGES KNOWN AND FLUENCY**

	Read	Write	Speak
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NAME OF FAMILY DOCTOR*surname**middle name**first name***MOBILE NO.****TELEPHONE NO.****EMAIL ADDRESS**

Please indicate any health problems to assist us in ensuring premedical care (allergies, diet restrictions etc.).
List any medications taken at present or previous with any known side effects.

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Has your child ever been expelled/suspended from school ?
If yes, please provide details on a separate sheet.

Read

☐

Write

☐

Has a special education need ?
If yes, please provide details on a separate sheet.

☐☐

I certify that the above information is accurate. (Omission of information in section 10 through 13 may result in refusal/revocation of admission). I/We agree to abide by school rules and regulations and uphold the decision of the school regarding my ward's life at the school.

.....
DATE

.....
SIGNATURE

.....
NAME



LEARNER TODAY, GLOBAL LEADER TOMORROW