



APPLICATION FOR ADMISSION

| | | | |
|--|------------------------------|-----------------------------|--|
| Surname | | | |
| Forenames | | | |
| Date of Birth (dd/mm/yyyy) | | | |
| Place of Birth | | Male/Female | |
| Nationality | | Religion | |
| Proposed Month of Entry | | Entry Level | |
| Name of Father | | | |
| Occupation | | | |
| Organisation | | | |
| Office Address | | | |
| E-mail | | Tel | |
| Home Address | | Tel | |
| | | | |
| Name of Mother | | | |
| Occupation | | | |
| Organisation | | | |
| Office Address | | | |
| E-mail | | Tel | |
| Home Address | | Tel | |
| | | | |
| Who will pay School Fees & Other Expenses | | | |
| School Attended During the Last Year | | | |
| One Close Contact (Near the school) | | | |
| Name | | | |
| Address | | | |
| E-mail | | Tel | |
| Do you have (a) Sibling(s) In Meadow Hall? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| If Yes, Please state Name(s) & Class(es) of sibling(s) | | | |
| | | | |

ADMISSIONS

Application for admissions are arranged through the Director. A non-refundable fee will be charged for each application.

All applications must be accompanied by a copy of the birth certificate and two recent passport pictures. Please note that registration does not guarantee admission.

All admissions are on merit and 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.

We request that you contact the Director at least every 60 days in order that your child's name not to be placed in the inactive file.

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



Meadow Hall

The place to excel™

MEDICAL INFORMATION

- A. Does your child/ward have the SS genotype? YES NO
- B. Is your child/ward asthmatic? YES NO
- C. Has your child/ward any of the following conditions:
Eye Ear Nose bleeding None
- D. Has your child any other medical condition or form of allergy that the school should know about?
YES NO If YES please state
- E. Has your child/ward ever been diagnosed as having specific learning difficulties such as Dyslexia, ADHD or any other? YES NO Any other
- 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"/> |
| 10. Chicken pox | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. Diphtheria | 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.