

PLEASE AFFIX
PHOTOGRAPH

NURSERY/PRIMARY APPLICATION FORM

STUDENT INFORMATION

NAME (FIRST/LAST):		
AGE:	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>	DATE OF BIRTH:
PLACE OF BIRTH:		NATIONALITY:
CHILD'S DOCTOR:		PHONE NUMBER:
RELIGION:		
ANY RELEVANT MEDICAL INFORMATION (Allergies, etc):		
DATE OF RESUMPTION:		
PREVIOUS SCHOOLS ATTENDED WITH DATES:		
1.		
2.		
3.		
LAST CLASS PASSED AND DATE:		
TRANSFER CERTIFICATE NO (IF ANY):		

PARENTS' INFORMATION:		FATHER:	MOTHER:
NAME (FIRST/LAST):			
HOME ADDRESS:			
HOME PHONE NO:			
PROFESSION:			
OFFICE ADDRESS:			
E-MAIL:			
OFFICE PHONE NO:			
MOBILE NUMBERS:			

TERMS AND CONDITIONS

I accept the terms and conditions of the Management as given in the School Prospectus, Application Form, Fees Schedule and Terms of Enrolment. I understand and agree to pay each school fees by the last day of each term and that a written notice to be given before withdrawing my child from the school or payment of a term's fees in lieu of notice.

Please submit with this form:

- Copy of birth certificate
- 4 recent passport photographs

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Parent's Signature & Date