



PLEASE ATTACH
CHILD'S MOST
RECENT
PHOTOGRAPH

APPLICATION FOR ADMISSION

Please complete this form and return it to the School Office with the registration fee

Surname.....Other names.....

Name by which child is called..... Gender: Male/Female (delete as appropriate)

Date of birth (D/M/Y): Place of birth..... Nationality.....

Home address.....

Tel: Mobile: Email.....

Emergency contact (name and telephone contact):

Name of father: Title:

Nationality: Profession:

Employer/ Business address:

Name of mother: Title:

Nationality: Profession:

Employer/ business address:

Date of proposed entry: September/ January 20____ (delete as appropriate)

Child's health record:

General state of health:

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.....
.....

Doctor's name:

Doctor's phone number:

Are your child's immunizations up to date? (Please attach a copy of immunization card duly signed.)

Does your child have any known allergies? (If yes, please state).....

Does your child have any medical conditions which we should be aware of?

(If Yes, please state)

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Does your child have any speech, hearing or visual problems?

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.....

Would there be any restriction to play or participate in sporting activities?

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.....

About your child

What is your child's favorite food?

What food does your child dislike?

Are there any food restrictions?

Can your child indicate bathroom wishes?

What words does your child use for:

Bowel movements:urination:

What time does your child wake up?

What time does your child go to sleep at night?

Does your child sleep through the night?

Does your child sleep in a bed or crib, other?

Has your child had experience playing with other children?

What language(s) are spoken at home?

What are your child's favorite activities, toys, books, or games?

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Are there any other comments or information you would like to let us know about?

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Any specific concerns?

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Parent's Signature: Date:

1. All fees are payable per term in advance.
2. Please note that completion of this registration form does not guarantee admission to the school.
3. Return the completed form with a copy of child's birth certificate and immunization card.
3. On acceptance of an offer of a place a full payment of school fees is required.

FOR OFFICIAL USE ONLY

Amount Paid: Teller No:

Date Form was received: Waiting List No:

CHECKLIST

Copy of birth certificate 1Passport photograph Copy of Immunization card

Date of Child's Interview

Interview Notes:.....

Approval by Head of School: Date: _ / _ / _

