



ADMISSION FORM

CHILD'S DETAILS

SURNAME FIRST NAME MIDDLE NAME

GENDER: MALE/FEMALE DATE OF BIRTH: ___/___/___ POSITION IN FAMILY: _____

PLEASE INDICATE ANY OTHER CHILDREN IN THE FAMILY: BOYS _____ GIRLS _____

PREVIOUS SCHOOLS ATTENDED

PARENTS DETAILS

FATHER'S NAME _____ OCCUPATION _____ PHONE _____

EMPLOYER _____ HOME ADDRESS _____

MOTHER'S NAME _____ OCCUPATION _____ PHONE _____

EMPLOYER _____ HOME ADDRESS _____

FAMILY RELIGION _____ HOME LANGUAGE _____

MEDICAL INFORMATION

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS? YES/NO

DOES YOUR CHILD HAVE ANY ALLEGIES? YES/NO. IF YES, GIVE DETAILS _____

HAS YOUR CHILD BEEN IMMUNIZED? YES/NO. IF YES SHOW DETAILS.

PARENTAL RESPONSIBILITY: (Underline appropriate) MOTHER/FATHER/MOTHER & FATHER/OTHER

IN CASE OF EMERGENCY, PLEASE GIVE DETAILS OF CONTACT PERSON: _____

OFFICE USE ONLY:

DATE ACCEPTED _____ CLASS OF ENTRY _____ DATE OF EXIT _____