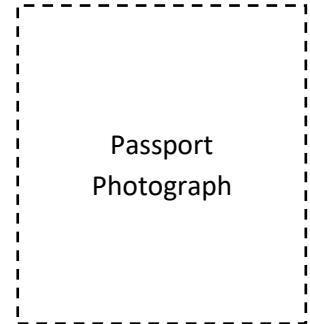




## APPLICATION FORM

Fill in BLOCK letters



Passport  
Photograph

### CHILD'S INFORMATION

Surname: \_\_\_\_\_ Other names \_\_\_\_\_

Sex:  Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ State of Origin \_\_\_\_\_

Local Government of Origin: \_\_\_\_\_

Religion: \_\_\_\_\_

Relationship with carer: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of previous school: \_\_\_\_\_

Please indicate the class which the child is seeking admission.

Creche  
Age Less than 2

Pre-Nursery  
Age 2+

Nursery 1  
Age 3+

Nursery 2  
Age 4+

Kindergarten  
Age 5+

Primary 1  
Age 6+

Primary 2  
Age 7+

Primary 3  
Age 8+

### CHILD'S FAMILY

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Office address \_\_\_\_\_ Phone No \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Office address \_\_\_\_\_ Phone No \_\_\_\_\_

### **CHILD'S HEALTH**

Blood Group \_\_\_\_\_ Genotype \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Any Health or other problems that may require special attention? Yes  No

If yes, specify the nature of problem \_\_\_\_\_

Any Allergies? Yes  No

Any disability for which he/she require special attention? Yes  No

If yes, specify the kind of disability \_\_\_\_\_

Child's physician \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

Who, other than parents to contact in case of emergency \_\_\_\_\_

Relationship with child \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

### **FOR OFFICE USE ONLY**

Has the pupil been assessed? \_\_\_\_\_

Head of school's Comment \_\_\_\_\_

\_\_\_\_\_

Class offered admission into \_\_\_\_\_

Date of admission \_\_\_\_\_

Head of school's signature and date \_\_\_\_\_