Date of Application: _____ Entering date:_____

Name of Student: _____

Grade Requested: G-_____ last grade attended_____

D.O.B: _____/_____/ _____
Day month year

Nationality:_____

Child's Favorite Activities, Hobbies etc:
_____

Any special health problems, of which we should be aware:

Medical Notes : _____

Allergies: _____

Immunization shots – up to date Yes ( ) No ( )

Learning difficulties – Yes ( ) No ( )

If yes, please give details:

_____

Has your child had any special assessment, tutoring, or any form of remedial intervention in the last two years? If so, please present pertinent reports.

Difficulty with: _____ No ( )

Religious Affiliation: _____

Previous School(s) attended: _____

Reason for leaving: _____
Are all fees pertaining to previous school settled in full? Yes ( ) No ( )

Mother's Name: _____

Occupation: _____

Tel Home: _____ Work: _____

Cell: _____

E-mail: _____

Address: _____

_____

Father's Name: _____

Occupation: _____

Tel Home: _____ Work: _____

Cell: _____

E-mail: _____

Address: _____

_____

Custodial Parent (mother,/father or both):
_____

Emergency Phone Numbers: _____/_____

Pediatrician Name & Number: _____

Person(s) other than yourself who may collect or drop off your child:

Name: _____ Tel: _____

Vehicle Registration: _____