



Please affix passport photo

# APPLICATION FORM

PLEASE COMPLETE CLEARLY USING BLOCK LETTERS

## 1. STUDENT DETAILS

Name of Child

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Other Name(s) \_\_\_\_\_

Child's Nickname (if any) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality \_\_\_\_\_ Home Language \_\_\_\_\_

First Language: \_\_\_\_\_ Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Year/Session: \_\_\_\_\_

Schools attended

1. Name: \_\_\_\_\_ Year: \_\_\_\_\_

2. Name: \_\_\_\_\_ Year: \_\_\_\_\_

3. Name: \_\_\_\_\_ Year: \_\_\_\_\_

## 2. FATHER'S DETAILS

Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**3. MOTHER'S DETAILS**

Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**4. GUARDIAN'S DETAILS**

Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**5. ADDITIONAL DETAILS**

**A. CHILD'S HOME INFORMATION**

Child lives with;

Both Parents      Yes / No

Father              Yes / No

Mother             Yes / No

Guardian          Yes / No

Child's home address:

\_\_\_\_\_  
\_\_\_\_\_

**B. OTHER SIBLINGS IN THE SCHOOL**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

**C. AUTHORISED PERSON FOR CHILD PICK-UP**

Who is authorised to pick up the Child? \_\_\_\_\_

*(We reserve the right to refuse pick up by any unknown person if we have not had previous notification of any change.)*

Authorised Person's Phone Number: \_\_\_\_\_

Is there anything else that you would like us to know about your Child that will help us to get to know her/him?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. PARENT’S INSTRUCTION FOR MEDICAL CARE IN CASE OF EMERGENCY**

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I hereby grant permission that the School acts in my stead in emergencies and I accept that all medical bills incurred be forwarded to me.

**REMARKS**

Kindly inform us if the Child has any known medical condition(s) or health issue(s)/allergies or if s/he is unable to take part in games and outdoor sports.

Before signing the enrollment form, please carefully read and understand the terms to avoid any misunderstanding:

- I agree that the age group of my Child should be within that stipulated by the school policy.
- I agree that a full term’s notice is required in the event of withdrawing the Child for any reason
- The registration fee is a one-time payment and it is non-refundable. The deposit paid at the end of each school year on return for the new academic session is also non-refundable.
- The school has the right to determine the appropriate year placement for the Child.
- The school has the right to appropriately discipline the Child on acts of misconduct.

I, Mr/Mrs \_\_\_\_\_, Parent/Guardian of

\_\_\_\_\_ hereby confirm that the details provided in this form are correct and that I have read and understood all terms listed by the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

Test Result: \_\_\_\_\_ Comments: \_\_\_\_\_

Recommendations. \_\_\_\_\_

\_\_\_\_\_  
Signature and Date  
Head of School