

STUDENT'S PERSONAL DETAILS

Family Name:	<input type="text"/>	First Name:	<input type="text"/>
Middle Name:	<input type="text"/>	Preferred Name:	<input type="text"/>
Date of birth:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:	<input type="text"/>	Place of birth:	<input type="text"/>
What is student's primary language? <input type="text"/>			
What languages (if not English) does the child speak at home?			
Main language:	<input type="text"/>	Other languages:	<input type="text"/>
Current School: <input type="text"/>			
Current grade:	<input type="text"/>	Year applied for:	<input type="text"/>
Expected entry date:	<input type="text"/>	Expected length of stay:	<input type="text"/>

PARENT/GUARDIAN DETAILS

PARENT 1/GUARDIAN 1 DETAILS (enrolling parent/guardian)	PARENT 2/GUARDIAN 2 DETAILS
Mr./Mrs./Ms./Other: <input type="text"/>	Mr./Mrs./Ms./Other: <input type="text"/>
Family Name: <input type="text"/>	Family Name: <input type="text"/>
Given Names: <input type="text"/>	Given Names: <input type="text"/>
Gender: <input type="text"/>	Gender: <input type="text"/>
Relationship to student: <input type="text"/>	Relationship to student: <input type="text"/>
Employment status: <input type="text"/>	Relationship to enrolling parent: <input type="text"/>
Work location: <input type="text"/>	Employment status: <input type="text"/>
Work phone number: <input type="text"/>	Work location: <input type="text"/>
Mobile number: <input type="text"/>	Work phone number: <input type="text"/>
Nationality: <input type="text"/>	Mobile number: <input type="text"/>
	Nationality: <input type="text"/>

<p>Does parent 1 speak a language other than English? <input style="width: 150px; height: 20px;" type="text"/></p> <p>If yes, which is the main language for parent 1 at home? <input style="width: 150px; height: 20px;" type="text"/></p> <p>Does this parent require an interpreter? <input style="width: 50px; height: 20px;" type="text"/></p> <p>Email address: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Signature of enrolling parent/guardian: <input style="width: 150px; height: 30px;" type="text"/></p> <p>Date: <input style="width: 50px; height: 20px;" type="text"/></p>	<p>Does parent 1 speak a language other than English? <input style="width: 150px; height: 20px;" type="text"/></p> <p>If yes, which is the main language for parent 1 at home? <input style="width: 150px; height: 20px;" type="text"/></p> <p>Does this parent require an interpreter? <input style="width: 50px; height: 20px;" type="text"/></p> <p>Email address: <input style="width: 150px; height: 20px;" type="text"/></p>
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ADDRESSES

Mailing address:

Residential address:

OTHER PARENT/GUARDIAN NOT RESIDING AT SAME ADDRESS AS CHILD

<p>Mr./Mrs./Ms./Other: <input style="width: 80px; height: 20px;" type="text"/></p> <p>Given Names: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Relationship to student: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Work location: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Mobile number: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Email address: <input style="width: 90%; height: 20px;" type="text"/></p> <p>Mailing address: <input style="width: 90%; height: 50px;" type="text"/></p>	<p>Family Name: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Gender: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Employment status: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Work phone number: <input style="width: 150px; height: 20px;" type="text"/></p> <p>Nationality: <input style="width: 150px; height: 20px;" type="text"/></p>
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Please indicate if this person wishes to receive reports and/or correspondence:

SCHOOL FEES PAYMENT DETAILS

School fees are paid by: Parents
 Employer Contact details to be completed below

Employer contact details:

Name:

Address:

Contact person:

Phone:

Email:

PERSONS AUTHORISED TO COLLECT STUDENT

1. Full Names:

Work phone:

Relationship to student:

Mobile phone:

Work place:

2. Full Names:

Work phone:

Relationship to student:

Mobile phone:

Work place:

3. Full Names:

Work phone:

Relationship to student:

Mobile phone:

Work place:

EMERGENCY CONTACTS IF PARENTS/GUARDIANS CANNOT BE CONTACTED

1. Full Names: Work phone:
 Relationship to child: Mobile phone:
 Other contact info:

2. Full Names: Work phone:
 Relationship to child: Mobile phone:
 Other contact info:

DETAILS OF STUDENT'S DOCTOR

Names: Work phone:
 Relationship to child: Mobile phone:
 Clinic/Hospital Name:

SIBLING DETAILS

No	Child's Name	Date of Birth	School

ANY OTHER INFORMATION/COMMENTS

FOR OFFICE USE ONLY

Admissions Office:

Accepted: Date Accepted:
Principals signature

Grade (at entrance): Date of entrance:

Documentation Received from Parents/Guardians:

1. Birth certificate/passport
2. Previous academic records
3. Medical record form
4. Immunization records

Admission Assessment

Date of assessment: Assessed by: (signature)

Additional Comments on assessment:

ACCOUNTS OFFICE

Description	Amount	Receipt #	Date
Aptitude Test			
Enrollment fee			
Tuition fee			
Book and maintenance fee			