



## ADMISSION FORM

ATTACH  
PASSPORT  
PHOTOGRAPH

### STUDENT'S INFORMATION

Student's Surname

Other Names

Date of Birth  Sex  Religion

Nationality  Class into which admission is sought

Special Health Concerns / Physical Challenge(s)

### PARENTS INFORMATION

Name of Person with Primary Parental Responsibility

Relationship of Student  Occupation

Office Address

Tel  Religion

e-Mail Address

Can your child receive medical treatment in case of emergency? Yes  No

If offered admission, are you ready to pay the approved fee? Yes  No

If No, please give reason(s)

Any other information

I/We sincerely declare that all the information supplied herein is true and correct.

Name of Parent/Guardian  Signature/Date

Name of Student  Signature/Date

How did you hear about us

### FOR OFFICIAL USE ONLY

Admission into class

Admission form fee

Admission officer in charge