



STUDENT'S ADMISSION FORM

STUDENTS DETAILS

Student's Name:Class Admitted.....

Date of Birth: Sex: Age:

Nationality: Religion:

PARENTS

Father's Name:

Birthday (Day and Month Only).....

Address:Contact Number.....

Nationality:

Occupation: Place of Work:

Mother's Name:

Birthday (Day and Month Only).....

Address:Contact Number.....

Nationality:

Occupation: Place of Work:

GUARDIAN

Name:

Address:Contact Number.....

Nationality: Sex:

Relationship to Child:

EMERGENCY CONTACT

Name:

.....

Relationship to child

.....

Any health allergies/medication that we should be aware of:

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Doctor/Hospitals' Contact details:

Name.....

Contact.....

NOTE: In case of emergency, the school will offer first aid, any further medical attention needed, the parent/guardian will be contacted and the child will be transferred to a nearby hospital where the parent/guardian will pick up responsibility

I parent/Guardian of

Have read and understood all the above information.

Parent/Guardian's Name:

.....

Signature:

.....

CONSENT TO USE PHOTOS

I Parent/Guardian of Do give permission to the school to use my child's photos on the school's social media platforms.

Name of Parent/Guardian:

Signature:

.....

.....

In case you don't accept the use of your child's photos

Please sign in the box below:

Name:

.....

SCHOOL FEES PAYMENT PLEDGE

Payment at the start of the term should either be full or 60% and the 40% be paid before school half term break.

Ithe parent/Guardian to
myself to pay all school fees following the payment deadlines of this school.

I understand that once fees are paid they are non-refundable.

I have read and understood all the above.

Parent or Guardian's Name:

Date:

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Signature:

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