



**NAMES OF TWO (2) RELATIVES NOT LIVING WITH YOU:**

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

TEL.NO(S). : WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

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

TEL.NO(S). : WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

PHYSICAN: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

PHYSICAN'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SHOTS RECEIVED: \_\_\_\_\_ IMMUNIZATION CARD:  YES  NO

EMOTIONAL STABILITY: \_\_\_\_\_

BEHAVIOURAL CHALLENGE: \_\_\_\_\_

CHILDISH AILMENTS (CONTRACTED) \_\_\_\_\_

OTHER AILMENTS (CONTRACTED) \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ RELIGION: \_\_\_\_\_

CORRESPONDENCE TO BE MAILED TO: \_\_\_\_\_

NAME

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I AGREE TO ABIDE BY THE RULE OF THE SCHOOL AND TO GIVE **ONE TERM'S NOTICE** OF REMOVAL OF MY CHILD/CHILDREN/WARD FROM YOUR SCHOOL OR TO PAY **ONE TERM'S FEE** IN LIEU OF NOTICE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**FATHER/MOTHER/GUARDIAN**

**\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\***

**Items Presented**

[ ] Birth Certificate # \_\_\_\_\_ [ ] Immunization Card [ ] Registration Fee \$ \_\_\_\_\_

[ ] Recommendation from Previous School [ ] Last Report [ ] Passport Size Picture

Date of Interview \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ Result of Assessment: \_\_\_\_\_

Grade Placed: \_\_\_\_\_ Age of Student: \_\_\_\_\_

House: \_\_\_\_\_ Student's Id \_\_\_\_\_

Term of Entry: \_\_\_\_\_ D.O.E: \_\_\_\_\_

Checked By: \_\_\_\_\_

Principal's Comments: \_\_\_\_\_

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

Date of Leaving: \_\_\_\_\_ Class on Leaving: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Principal's Comments: \_\_\_\_\_

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