

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: _____