

ADDRESS

Mailing Address:

EMERGENCY CONTACT

(IF PARENTS/GUARDIANS
CAN'T BE CONTACTED)

Full Name:

Work Phone:

Relationship to child:

Mobile Phone:

Other contact info:

SIBLING DETAILS

No	Child's Name	Date of Birth	School
1			
2			
3			
4			
5			

FOR OFFICE USE ONLY

Admission Office:

Accepted:

Date Accepted:

Principal's 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:
5. Four Passport Size Pictures:

Assessed by: (signature)