

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS OF THIS FORM

Child's Surname: _____ Chosen name: _____

Middle name(S): _____ Gender: Male / Female

Legal Surname: _____ Date of Birth: _____

Address: _____

Postcode: _____ Citizen: _____

Telephone No: _____ Birth Certificate seen: _____

Mobile No: _____ E-mail: _____

Previous nursery/school attended: _____

Child's position in family: _____

Please indicate any other children in family:

Boys: _____ Ages: _____ Girls: _____ Ages: _____

Father's Name: _____ Occupation: _____

Mother's Name Mrs/Mss/Ms _____ Occupation: _____

Home Language: _____ Religion: _____

First language for child: _____ **Ethnic origin:** _____ **Mother Tongue :** _____

Medical Information:

Does your child suffer from any of other following? Asthma Yes / No Allergies Yes / No

If the answer is allergies is yes, please give clear details,

Doctor's letter detailing the medical condition

Parental Responsibility - Please tick the appropriate box for your child.

Mother Mother & Father Father Others _____

Mode of Transport: Walk School Bus Others _____

Our counselor will guide you to complete the form.

PLEASE INFORM THE SCHOOL IF ANY OF THE ABOVE INFORMATION CHANGES

Signature of
Parents/Guardian

Signature of
Principal