

LAKEWOOD PREMIER SCHOOL

ADMISSION FORM

ADM. NO: _____ Entry requested for Class: _____ Date: _____

Pupil's Full Names: _____ Date of Birth: _____

Sex: _____ Nationality: _____

DETAILS OF THE FORMER SCHOOL

Name of the school: _____ Left at Class: _____ Year: _____

Head teacher: _____ Contacts: _____

PARENT / GUARDIAN INFORMATION

Father's /Guardian's Name: _____ Occupation: _____ Contacts: _____

Mother's /Guardian's Name: _____ Occupation: _____ Contacts: _____

Additional contacts in case of an emergency

Name: _____ Relationship: _____ Contacts: _____

Name: _____ Relationship: _____ Contacts: _____

PLEASE INDICATE WHO PAYS THE SCHOOL FEES:

☐ Self: _____ Contacts: _____

☐ Sponsored: _____ Contacts: _____

☐ Company: _____ Contacts: _____

☐ Any other (Specify): _____ Contacts: _____

SCHOOL MEALS

If your child will be on the following kindly tick where appropriate.

a) Lunch: Yes _____ No _____ b) Transport: Yes _____ No _____

Place of residence: _____ Road/Street: _____

NOTE: The school does NOT provide drinking water and therefore you are requested to pack water for your child.

MEDICAL REPORT

Does your child suffer from any of the following?

a) Eczema: Yes _____ No _____ b) Allergies: Yes _____ No _____ c) Asthma: Yes _____ No _____

If the answer is yes kindly give more information on the same in order for us to serve you better.