



# CENTRAL EDUCATIONAL FOUNDATION

## School Admission Form

### 1. Student Information

Full Name: \_\_\_\_\_  
Date of Birth (DD/MM/YYYY): \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Nationality: \_\_\_\_\_  
Religion (Optional): \_\_\_\_\_  
Address: \_\_\_\_\_  
Previous School Attended (if any): \_\_\_\_\_

### 2. Admission Level (Tick as Appropriate)

- ☐ Daycare ☐ Nursery 1/2 ☐ Kindergarten 1/2  
☐ Lower Primary (Class 1–3)  
☐ Upper Primary (Class 4–6)  
☐ Junior High School (JHS 1–3)

### 3. Parent / Guardian Information

#### Father's Details

Full Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Mother's Details

Full Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Guardian (if different from parents)

Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_

#### **4. Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

#### **5. Medical Information**

Does the child have any allergies? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

Any existing medical condition? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Contact: \_\_\_\_\_

#### **6. Declaration**

I, \_\_\_\_\_ (Parent/Guardian), hereby declare that the information provided is true and accurate. I agree to abide by all rules and regulations of the school.

Signature (Parent/Guardian): \_\_\_\_\_

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

#### **For Official Use Only**

Admission Number: \_\_\_\_\_

Class Admitted: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Admitted By: \_\_\_\_\_

Head Teacher's Signature: \_\_\_\_\_