

School of Tomorrow, Addis Ababa

Student Registration Form

1. Full Name of student _____
! (Including Grand Father's Name/Last name)

A. Right handed ☐ Left handed ☐ (Please tick).

B. Any medical problem or anything the teacher should know about the child.

2. Grade for which admission is required (Please tick)

Nursery ☐ Pre-KG ☐ KG ☐ Prep ☐

Grade _____ (Please specify)

3. Date of Birth _____ Sex _____ Age _____

Nationality _____

4. Father :

Full Name _____

Occupation _____

Nationality _____ Passport or Identity Card No _____

Address: Sub-city _____ Woreda _____ House No. _____

Telephone : Mob. _____ Office _____

5. Mother :

Full Name _____

Occupation _____

Nationality _____ Passport or Identity Card No _____

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Address: Sub-city _____ Woreda _____ House No. _____

Telephone : Mob. _____ Office _____

6. Guardian (if legal guardian is raising the child) :

Full Name _____

Occupation _____

Nationality _____ Passport or Identity Card No _____

Address: Sub-city _____ Woreda _____ House No. _____

Telephone : Mob. _____ Office _____

7. Siblings in SoT or applying for admission for the upcoming year :

No	Full Name	Branch	Grade & Section
1			
2			
3			
4			

8. Telephone number at which parent or guardian may be mainly contacted in case of

Emergency _____

11. Language spoken at home: Amharic _____ English _____ others _____

12. Previous schools the student has attended and for what length of time.

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This form must be accompanied by a photocopy of the student's documents as listed below. (Original should be presented for verification and photocopy to be submitted)

1. Birth Certificate
2. Vaccination Certificate (If the child is 5 years or younger)
3. Report Card of the previous year (for Prep and above applicants)
4. Two passport size photos of applicant (student)
5. One passport size photo of each parent (1 for father & 1 for mother)
6. ID card or Passport of both parents

Upon my child's admission to the School of Tomorrow, Addis Ababa, I agree to abide by all the rules and regulations to the School of Tomorrow and ensure that my child complies with any such rules.

Parent/Guardian:

Name _____

Sign_____

Date _____