

# Hosanna Secondary School

## Student Admission Form

Student Full Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Class Applying For: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

Medical Conditions (if any): \_\_\_\_\_

Preferred Boarding Option: Day / Boarding (Circle one)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_