

SAMUKCHARA HIGH SCHOOL

ADMISSION FORM 2024-25

AFFIX PASSPORT
SIZE PHOTO OF
STUDENT
(COLOUR)

1. Student Information:

- Full Name : _____
- Date of Birth : _____
- Gender : _____
- Address : _____
- Contact Number : _____
- Email Address : _____
- Previous School : _____

2. Parent/Guardian Information:

- Full Name(s) : _____
- Address : _____
- Contact Number(s) : _____
- Email Address(es) : _____

3. Emergency Contact:

- Name : _____
- Contact Number : _____

4. Educational Background:

- Grade/Class Applying For : _____
- Academic Year/Session Applying For : _____
- Previous Academic Performance (if applicable) : _____

5. Medical Information:

- Any known medical conditions or allergies : _____
- Medications currently taking (if applicable) : _____

6. Additional Information:

- Extracurricular interests or talents : _____

Signature of Parent/Guardian