



EL- SHADDAI PRIVATE SCHOOL

Student Registration Form

STUDENT INFORMATION: *(fill in the information)*

First Name :
.....

Surname :
.....

Date Of Birth(DOB):
.....

District Of Origin:
.....

Religious Denomination:
.....

Parent/ Guardian Name:
.....

Contact Number :
.....

Postal Address/ Physical Address:
.....

ADDITIONAL INFORMATION

Medical Conditions or Allergies:
.....

Emergency Contact Number:
...../.....

PAYMENT INFORMATION:

Registration Fee: MK 10,000

School Term Fees: MK 100,000

GUARDIAN SECTION

I, the parent/guardian of the above-named student, certify that the information provided is accurate and agree to abide by the school's rules and regulations. I also acknowledge that I am responsible for the timely payment of all fees, including the registration fee of MK 10,000 and the school term fees of MK 100,000.

Signature of Parent/ Guardian:

Date:

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