



# 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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