



Attach passport photo

STUDENT ADMISSION FORM

Date: _____

Student's Name: _____

Guardian's Name: _____

Second Guardian's Name: _____

Phone Number: _____ Second Phone Number: _____

Emergency Contact _____ Email: _____

Gender: _____ Date of Birth: _____

Grade: _____

Any former schools: _____

Please provide any other information that you think the school should know,

Guardian's Signature

Head Teacher's Signature
