

Admission Form School

Student Information

- Student's Name: _____
- Date of Birth: _____ (MM/DD/YYYY)
- Gender: [] Male [] Female [] Prefer not to say
- Residential Address: _____
- City: _____ State: _____ Zip: _____

Parent/Guardian Information

- Parent/Guardian Name: _____
- Relationship to Student: _____
- Contact Number: _____
- Email Address: _____
- Occupation: _____
- Residential Address (if different from student): _____

Previous School Details

- Name of Previous School: _____
- School Address: _____
- City: _____ State: _____ Zip: _____
- Dates Attended: _____ to _____
- Reason for Leaving: _____

Emergency Contact Information

- Emergency Contact Name: _____
- Relationship to Student: _____
- Contact Number: _____
- Alternate Contact Number: _____

Health Information

- Does the student have any allergies or medical conditions? [] Yes [] No
- If yes, please specify: _____
- Primary Care Physician Name and Contact: _____

Additional Information

- Special Educational Needs: _____
- Interests/Hobbies: _____
- Languages Spoken at Home: _____

Declaration

I/We, the undersigned, declare that the information provided in this admission form is accurate and complete to the best of my/our knowledge. I/We understand that providing false or incomplete information may result in the refusal of admission or dismissal from the school.

- Parent/Guardian Signature: _____ Date: _____

Office Use Only

- Received by: _____

- Date: _____ Application Number: _____

Instructions: Please complete this form in black ink and return it to the school's admissions office along with the required documents (e.g., birth certificate, previous school records).