

STUDENT PERSONAL RECORD**GAD27 May 2024 Intake**

Name: Sex:..... Age:.....

Family / Personal Doctor: Phone:.....

Emergency Contact Details: Parent / Guardian

Home address.....

Contact # 1 Name: Cell:.....

Contact # 2 Name: Cell:.....

Emergency Contact Details: Next of kin [NB Different person from ones listed above]

Contact Name: Cell:.....

Medical History

1. Any known medical conditions (including allergies)? Please give details:

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2. Details of any foods that you do not take strictly on **health** or **religious** grounds? *N.B. Medical report will be required where necessary*

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Room Inventory Declaration

Room No:

ITEM	PRESENT	ITEM	PRESENT
Bed & Mattress		Window - No broken glass	
Desk (fixed)		Curtain	
Chair		Built-in-wardrobe	
Room key		Door – Not broken	
Wall sockets		Cup board drawer	

Should I break or abuse any items, I will pay for the repair.

Signature: _____ Date: _____

N.B.

a) Housekeeping will check each room periodically for cleanliness and general upkeep. Anything broken will be charged to your account.

b) If you suffer from any communicable infection(s), please advise the Matron as soon as possible.