

# ADMISSION FORM

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Class Applying To: \_\_\_\_\_

House GPS Address: \_\_\_\_\_

Passport Photograph (160x200, max 2MB): \_\_\_\_\_

Siblings:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_

Previous Schools:

1. School: \_\_\_\_\_ Years Attended: \_\_\_\_\_

2. School: \_\_\_\_\_ Years Attended: \_\_\_\_\_

## Family Information

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Address: \_\_\_\_\_

## Medical Information

Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma: \_\_\_\_\_

Other: \_\_\_\_\_

Medications: \_\_\_\_\_

1. Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

2. Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Contact: \_\_\_\_\_

## **Declaration**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

## **Official Use Only**

Admission Number: \_\_\_\_\_

Date Admitted: \_\_\_\_\_

Class Placed: \_\_\_\_\_

House: \_\_\_\_\_