



Little Star Primary School Admission Form

Student Information

- **Full Name:** _____
- **Date of Birth (DD/MM/YYYY):** _____
- **Gender:** ☐ Male ☐ Female ☐ Other
- **Nationality:** _____
- **Blood Group:** _____

Parent/Guardian Information

- **Father's Name:** _____
- **Occupation:** _____
- **Mobile Number:** _____
- **Mother's Name:** _____
- **Occupation:** _____
- **Mobile Number:** _____

Address

- **House/Street:** _____
- **City:** _____
- **Postal Code:** _____
- **Emergency Contact Number:** _____

Admission Details

- **Class Applying For:** _____
- **Previous School (if any):** _____
- **Reason for Admission:** _____

Medical Information

- **Known Allergies:** _____
- **Chronic Illness (if any):** _____
- **Medication (if any):** _____

Declaration

I hereby declare that the above information is true to the best of my knowledge. I will abide by the rules and regulations of Little Star Primary School.

Signature of Parent/Guardian: _____

Date: _____