



Application Form

Please use **BLOCK CAPITALS** when completing this form.

Surname: _____ First Names: _____

Home Address: _____

Parent Contact Information:

Mother's Mobile No: _____

Father's Mobile No: _____

Mother's Email: _____

Father's Email: _____

Student's Date of Birth: _____ Nationality: _____

Previous School: _____

PPS No: (compulsory requirement for enrolment) _____

Parent's Name: Father _____

Mother: _____

Parent's Signatures:

Father: _____

Mother: _____

Additional Contact Person:

Full Name: _____

Contact No: _____

Relationship to child _____

Sisters in School:

Name: _____
Years Ahead/Behind: _____

Name: _____
Years Ahead/Behind: _____

Medical Information:

Family Doctor: _____

Phone: _____

Enrolled: _____

Left School: _____

Other Medical Information: _____

