



ISO 9001 : 2008
Certified Institution

Admission/Registration form

Child's Details

Date of birth		Gender	Male/ Female	
First name(s)		Surname		
Address				
	Postcode-			
Preferred choice of name if any				
Apply for admission	Pre-Nursery	Lower-Kg	Upper-Kg	

Name of Parent/Guardian Living at Home Address Above

Father's name		Mother's name	
Home telephone number		Mobile phone number	
Email address		Work telephone number	
Work place		Guardian's occupation	

Supplementary Details

Has your child had any serious illnesses or injuries?	Yes/No, Details
Has your child completed an immunization program to date?	Yes/No, Details
Has your child any known allergies and medical conditions?	Yes/No, Details
Does your child have any particular or special needs?	Yes/No, Details
Does your child have any fears?	Yes/No, Details
Does your child drink milk? If NO are they allowed ANY dairy products please give details	Yes/No
Languages spoken at home	
Please state child's religion/culture	
Any other information you think would be helpful for us to know about your child.	

Signature		Date	
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