



ADMISSION FORM

Please complete this form clearly in **BLOCK CAPITALS**

I am applying for admission to (please tick one)

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Creche

☐

Pre-Basic

☐

Basic

☐

Secondary



1. STUDENT DETAILS

Surname, first name and other name(s) of student

Date of Birth _____ AGE _____ Gender _____

Home Address _____

Religion _____ Ethnicity _____ Nationality _____

Applying for year _____

Schools Attended

1. Name _____ Year _____ City/State _____ Class _____

2. Name _____ Year _____ City/State _____ Class _____

3. Name _____ Year _____ City/State _____ Class _____

2. PARENT/GUARDIAN DETAILS

Name _____ Nationality _____

Relationship to student _____ Tel. No _____

Home Address _____

Occupation _____ E-mail _____