

## **ADMISSION FORM**

Date:			
Admission No		<del>_</del>	
Name:			
Date of Birth			
Religion			
Name of mother			
Name of Father			
Occupation of parents/Guard	dians		
Phone Contact(s)			
Name of person accompany	ing child to s	chool for admission	
	-		
Address		Phone contact	
Name(s) of school(s) the chi	ild has so far	attended	
i			
ii	Class	iii	Class
Performance in previous sch	nool(s)		
	` '		
Has the child come with repo	ort card of the	e former school?	
If no in above, explain why			
Number of Siblings the child	has.		
Brothers			
Diotricis	Olstois.		
Admission/interview fees pa	id	roc	eaived by
Admission/interview rees pa	ıu		erved by
Doog your shild have any m	adiaal ar abu	oigal asmaliaation/a	)2 (Vee/Ne) If yee
Does your child have any me			, ,
please explain briefly (attach	i medicai rep	ort in support of this	5).