



Admission Form

Student No: _____

Please complete each section in **BLOCK LETTERS** using black ink

Section 1. Child's / Student's Personal Details

Student's name: _____ Father's name: _____

Date of birth: _____ / _____ / _____ Gender: Male Female

Nationality: _____ Address: _____

Parent's telephone numbers: _____

Residence: _____ Office: _____ Mobile: _____

Email address (if any): _____

Name and classes of any brother(s) / sister(s) already attending the school:

1. _____ 2. _____ 3. _____

Section 2. Academic Details

Class in which admission is sought: _____

Section 3. Others

Any health problem: _____ Transportation required: Yes No