

APPLICATION FORM

Application Form: Please answer all questions and print the information clearly in BOLD using black/blue pen.

Please affix passport size Photograph in colour	Please affix passport size Photograph in colour	Please affix passport size Photograph in colour
Student	Father	Mother
	Signature of Father	Signature of Mother
I/we are considering enrolment in Gra	dewefmonth/ye	ear
PERSONAL DATA OF STUDENT		
Last Name	_ Middle Name	_ First Name
Date of Birth	_ Sex Male Female	
Nationality —	Mother Tongue ————————————————————————————————————	
Permanent Address		
Home Tel Mobi	le Fax	E-mail



HEALTH INFORMAT	TION								
Allergy/Chronic ailment	t if any								
Physically handicap/disability if any			Blood Group						
EDUCATIONAL BACKGROUND									
Name of the previous s	chool attended								
From	to	Reason for Le	Reason for Leaving						
PARENTS/GUARDIA	ANS INFORMATION	ON							
Father's/Guardian's Nar	me		DOB	Nationality					
Qualification									
Mother's Name			DOB	Nationality					
Qualification									
Relationship with child			Are both parents living together						
	LIDATION								
PROFESSION/OCC	UPATION								
Father's /Guardian's Profession/Occupation									
Annual Gross income									
Office Address									
Off.Tel	Fax	Mobile	Email						



PROFESSION/OCCUPATION							
Mother's /Guardian's Profession/Occupation							
Annual Gross income							
Office Address							
Off.Tel	_ Fax	Mobile		Email			
SIBLINGS INFORMA	TION						
Real brothers/sisters	Name		Age	_ School attending _			
Name	Age	School attendin	g				
REFERENCES/DETAILS OF PERSONS WHO CAN VOUCH FOR YOU.							
1. Name		_ Designation		Telephone			
Address							
2. Name		_ Designation		Telephone			
Address							
TRANSPORT							
School Bus Facility yes/no							