# Passport Photograph Staple or glue here



# **ENROLMENT APPLICATION**

Please use block capital letters when completing this form. Attach passport-size photograph in the space provided.

## Section 1: Child's Details

Child's Surname																
First Name									Middle Name							
Date of Birth									Sex							
D	D	/ M	Μ	/Υ	γ	Y	γ		М	F						
Place	of Bi	rth														
Natio	Nationality															
Relig	ion															
Resid	lentia	l Add	ress													
Posta	l Add	ress														
Home	e Tele	phon	e Nun	nber												

## Section 2: Parent's Information

#### Father's/ Guardian's Full Name

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Occu	patio	n													
Place	e of W	ork	1												
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Place	e of W	ork													
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Are P	Parent	s	Liv	ing To	gethe	er	Se	parat	ed	Di	vorce	d	Sir	ngle P	arent
Parer	nt(s) S	Signat	ure_												

Date

### Section 3: Educational Records

#### Has child ever been expelled or refused entry to an educational institution?

If yes, please give details

### Section 4: Medical Information

Nam	es of l	Relati	ve/ Fa	mily/	' Guai	dian/	/ Frier	nds to	pick	up ch	ild fro	om sc	hool p	oremi	ses
1st Cl	lst Choice														
2nd Choice															
Fami	ly Phy	/siciar	n's Na	me											
Telephone Number of Family Physician															
Do yo	ou cor	nsent	to Fir	st Aid	adm	iniste	red to	child	l in th	e cas	e of a	n eme	ergen	cy?	
Yes				No											
Do yo	our ch	ild ha	ve an	y hea	lth pr	oblen	ns tha	t we s	should	d be a	ware	of?			
Yes				No											
If yes	, kind	lly exp	olain _												

Anything else the school should know about your child, example; allergies, hay fever, asthma, sickle cell anaemia, epilepsy, special needs medicine, diet et cetera.

# KINDLY FILL THE DATES OF THE FOLLOWING REQUIRED IMMUNIZATION RECORDS

			Immunization and Vitamin A	4	
Age Period	Vaccine	Date Given	Batch Number	Place Given	Date of Next Visit
At Birth	BCG		V:		
	Polio - O		V:		
	Hepatitis B		V:		
6 Weeks	Polio - 1		V:		
	DPT-HepB-Hlb - 1		V:		
	Pneumococcal - 1		V:		
	Rotavirus - 1		V:		
10 Weeks	Polio - 1		V:		
	DPT-HepB-Hlb - 2		V:		
	Pneumococcal - 2		V:		
	Rotavirus - 2		V:		
14 Weeks	Polio - 3		V:		
	DPT-HepB-Hlb - 3		V:		
	Pneumococcal - 3		V:		
	IPV		V:		
6 Months	Vitamin A				
9 Months	Measles-Rubella		V:		
	Yellow Fever		V:		
12 Months	Vitamin A				
18 Months	Vitamin A		V:		
	Measles-Rubella - 2		V:		
	Meningitis A		V:		
	LLIN				

V - Vaccine Batch Number

D - Diluent Batch Number