



MANDATORY - KINDLY SUBMIT TO THE OFFICE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE and ID COPIES OF PARENTS TOGETHER WITH A PASSPORT SIZE PHOTO OF YOUR CHILD AND THE IMMUNISATION FORM.

REGISTRATION FORM

CHILD'S NAME MIDDLE NAME FAMILY NAME

DATE OF BIRTH AGE CLASS TO JOIN

GENDER NATIONALITY

CLASS TO JOIN

PARENTS/GUARDIAN HOME TEL:

HOME LOCATION OFFICE TEL:

OCCUPATION EMAIL:

COMPANY NAME

EMERGENCY CONTACT

NAME RELATION PHONE

ID DETAILS

FATHER'S NAME ID NUMBER

FATHER'S EMAIL

MOTHER'S NAME ID NUMBER

MOTHER'S EMAIL

SIBLING NAME AGE SCHOOL

1

2

MEDICAL PROBLEMS

Please describe any medical problems of which the school should be aware of e.g. allergies, medication

1

2

FAMILY DOCTOR

NAME TEL

"Knowledge is power"



AGREEMENT

RULES/REGULATIONS/CONDITIONS

1. Pupils must be mentally sound and must not be suffering from any infectious/contagious diseases/ailments and must be devoid of all physical handicaps impairments such deafness, blindness, Down syndrome etc. which may impede progress in their studies. Children must have received all required immunizations for their age group and show proof thereof. If otherwise, admission shall be at the Administration's discretion.
2. For preventive measures the management reserves the right to institute periodic medical check-up of all pupils. The parents/Guardians hereby authorize the administration to carry out check-up and hereby accept to apply the cost for the same, and undertake to arrange for the necessary treatment to be given to their/ward as recommended in the medical report.
3. Fees are payable termly and in advance by first week of each term. The management reserves the right to revise the fee and when found necessary. In case of termination of the pupil, three full calendar months' notice must be given in writing, fees become due and are payable until withdrawal is notified in writing. All dues once paid are not refundable.
4. Neither the management nor the Teachers or employees/agents shall be responsible for any accident (and all consequences arising thereof) to pupils when outside the school's premises.
5. Should Pupils meet with accident or mishap at any time, their parent/guardians hereby authorize the administrators and/or other employees/agents to give or arrange to be given to them medical/surgical treatment in their opinion to be necessary in the circumstances, and hereby absolve them from all consequences there from and also hereby undertake to be responsible for all expenses so incurred during that period.
6. Neither the administration or nor the teachers nor employees/agents shall be responsible for loss or any damage to article of the pupils whether in or outside the school's premises.
7. Signing of this form bearing the above terms by parents/guardians (or other acting on their behalf) will be taken as acceptable by the parents/regulations in the event of their child/ward in this school.
8. The administration/management reserves the right to revise the rules/regulations as and when found necessary.

EMERGENCY PROCEDURE

In the events of an emergency, where a child requires immediate treatment, attempts will be made to contact parents. However, the school retains the right to take immediate action in the interest of the child. Any medical costs incurred are the responsibility of the parent or guardian.

WITHDRAWAL NOTICE

Full term's notice in writing is required for the withdrawal of a child from the school. In absence of such notice the school reserves the right to charge one term's fees in lieu or legal action will be observed.

DECLARATION

I declare that the information entered on this form is true, to the best of my knowledge, and accept the conditions above.

Signature of parent/Guardian

DATE:

NAME IN BLOCK CAPITAL.

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