



Located at PLOT 280 BUYE, NTINDA; Tel: 0473 660 118, 0704 491 149, 0782 355 748

## Enrollment Application Form

### Child Information:

Child's Name: \_\_\_\_\_ Sex:  M  F  
 Date of Birth: \_\_\_\_\_ Age:  y  m  
 Desired Schedule:  Half Day  Full Day  
 Residential Address: \_\_\_\_\_

### Parents' Information:

| <u>Father's Information:</u>               | <u>Mother's Information</u>                |
|--|--|
| Name: _____                                | Name: _____                                |
| Occupation: _____                          | Occupation: _____                          |
| Email address: _____                       | Email Address: _____                       |
| Phone No.: _____                           | Phone No.: _____                           |
| Residence (if different from above): _____ | Residence (if different from above): _____ |

Condition of Parents:  Married  
 Not married but living together  
 Not living together

### Guardian's Information (if applicable)

Name: \_\_\_\_\_ Relation with Child: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Residence (if different from above): \_\_\_\_\_

### General Information:

Place of Worship (where the child attends): \_\_\_\_\_  
 Any health issues? \_\_\_\_\_

### Details of Applicant:

Name: \_\_\_\_\_ Relation with Child: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Official Use Only:

Application Received (Official and Date): \_\_\_\_\_  
 Remarks (Interview, Admission): \_\_\_\_\_  
 Decision, Signed: \_\_\_\_\_