



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:

#### Father's Information:

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

#### Mother's Information

Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 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: \_\_\_\_\_