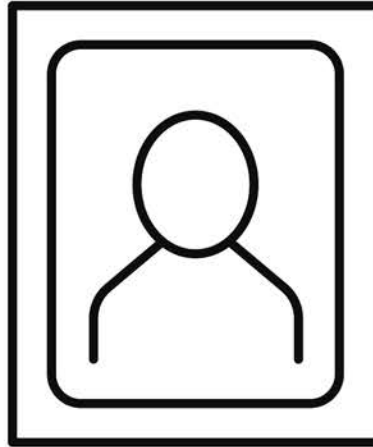




Registration Form

ACADEMIC YEAR 2023 / 2024

Nursery Primary



Subsystem :

Bilingual

Anglophone

Francophone

Registration Date

/ /

CHILD'S INFORMATION

First Name

Last Name

Date of Birth : / /

Email :

Gender : Male Female

Place Of Birth :

Nationality :

Quartier:

Previous School:

Previous Class :

Authorised to Register in:

PARENT'S /GUARDIAN INFORMATION

Mother's Name

Quartier Email

Phone 1 : Phone 2 :

Father's Name

Quartier Email

Phone 1 : Phone 2 :

Parent Signature

School Officer
Signature

MEDICAL QUESTIONNAIRE

Name : _____

DOB: _____

Is your child generally in good health?



Is your child able to participate in physical activities performed at school? If No why?

Does your child take any medication on a regular basis? If Yes please list which

Does your child have / suffer from any allergies? If yes please list the allergies.

By signing, I the parent /guardian acknowledge that i have completed this form and provided the correct answers to the best of my knowledge and have not knowingly misled the school with false information.

Parent Signature

ELEMENTS TO PROVIDE

DEAR PARENT PLEASE PROVIDE THE FOLLOWING ELEMENTS TO THE SCHOOL DURING REGISTRATION OF YOUR CHILD. USE THE CHECKLIST TO ENSURE YOU HAVE THE REQUIRED ELEMENTS

01	COPY OF THE CHILD'S BIRTH CERTIFICATE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
02	PROOF OF GUARDIANSHIP (FOR NON BIOLOGICAL PARENTS)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
03	TWO (2) 4 X 4 RECENT PHOTOGRAPHS OF THE CHILD	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
04	PROMOTION REPORT CARDS (FOR NEW PUPILS ONLY)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
05	COPY OF VACCINATION CARD OR MEDICAL CERTIFICATE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
06	1 PLASTIC FILE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
07		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			
08		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<hr/>			

