



KINGSMEAD JUNIOR ACADEMY

P.O BOX 357-0062 Village Mkt

TEL: 0721218251

SCHOOL ADMISSION FORM

Admission No. _____

Form No. _____



FG

I / We, _____ and _____ desire to have our son/daughter/ward whose particulars are given below admitted as a day scholar in your School:

INFORMATION OF THE CHILD

Last Name

Middle Name

First Name

Gender

Male Female

Date of Birth

DD	MM	YY
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Class of admission

Religion

Nationality

Languages known

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RESIDENTIAL ADDRESS

Area of Residence			
Physical Address			
Tel/Mobile			
Emergency Tel No		Relation to the Child	

FAMILY INFORMATION

Father/Guardian

Name	
Occupation	
Nationality	
Employer /Institution	
Office Address/ Tel	

Mother/ Guardian

Name	
Occupation	
Nationality	
Employer /Institution	
Office Address/ Tel	

Single Parent:

Tick one, only if applicable

<input type="checkbox"/> Mother	<input type="checkbox"/> Father
If child is sponsored (Name of sponsoring agency)	
Permanent Address of the Agency	

Previous School (if any attended)

Name Of School:

CHILD'S HEALTH

A. Has your child received any of the following:

- I. B.C.G Vaccine YES NO
- II. D.P.T Vaccine YES NO
- III. MEASLES YES NO

B. Does your child suffer from any of the following:

- I. Convulsion/Fit YES NO
- II. Asthma YES NO
- III. Any Disabilities YES NO
- IV. Has had an Accident YES NO

EMERGENCY CONSENT

In case of emergency / accident or injury to my child, the school is authorized to proceed as follows:

- I. Contact Father at _____ or Mother at _____
- II. Administer First Aid to my child
- III. Take the child to the nearest Doctor / Hospital and I will meet the Medical expenses.

SIGNATURES

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree this misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion.

I have read and do hereby consent to the term and conditions enclosed with the registration form.

Signature of Mother / Guardian

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Signature of Father / Guardian

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