



Established 2002
Approved 2013

GREEN OLIVES PRIVATE SCHOOL

NURSERY & PRIMARY

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ADMISSION FORM

• PUPIL'S DATA:

Name of Child: _____
Surname _____ Other Names _____
Gender (Male / Female): _____
Date of Birth: _____
Previous school attended: _____
Previous class of pupil: _____
Reason for leaving: _____

• MEDICAL DATA:

Has the child any medical ailments? E.g: Asthma, Sicklecell – Anaemia, Tuberculosis e.t.c.

Yes / No (If yes, please state accordingly) _____

Blood Group: _____ RH 'D': _____ Genotype: _____

Is the child allergic to any environmental condition? Please state: _____

Does the child have any hereditary deformity that may affect learning? Please state: _____

• PARENTS' DATA:

Name of Father: _____
Profession: _____
Office Address: _____
Telephone: _____ E-Mail: _____

Name of Mother: _____
Profession: _____
Office Address: _____
Telephone: _____ E-Mail: _____

Residential Address: _____
Telephone: _____ GSM: _____

Parent's Signature and Date

On submission, please attach the following:

- Two current passport photographs of the child.
- A photocopy of the child's birth certificate.
- A photocopy of the result of the last class.
- A photocopy of the child's medical record.

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FOR OFFICIAL USE ONLY.

REMARK / ASSESSMENT: _____

Head teacher.