HOPEWELL SCHOOL

*PLAY GROUP *NURSERY & PRIMARY

APPLICATION FORM

No.....

Admission No: _____

NAME OF CHILD		SEX	DATE OF BIRTH
Surname	Other Names		

Father's Name: _____

Occupation: _____

Home Address: _____ Tel: _____

Office Address: _____ Tel: _____

Mother's Name: _____

Occupation: _____

Home Address: _____ Tel: _____

Office Address: _____ Tel: _____

Guardian's Name: _____

Occupation: _____

Home Address: _____ Tel: _____

Office Address: _____ Tel: _____

Name of Previous School(s) attended (with dates) _____

A _____

B _____

C _____

Last Class attended: _____

Class for which Admission is sought: _____

State of Origin: _____ Religion _____

Vaccinations: _____ Blood Group _____

Didi anyone direct you here? _____

What are your reasons for coming here? _____

Any other relevant information: _____

DECLARATION: I certify that the above information is correct.

Parent's/Guardian's Signature: _____ Date: _____

Father's Passport Photograph

Mother's Passport Photograph

Official Use Only		
Date Admitted	*Class Admitted*	*Class Leaving*

PLEASE RETURN THIS FORM WHEN COMPLETED