APPLICATION FOR ADMISSION

Meadow Hall College
The Place to Excel™

Surname
Forenames
Date of Birth
Place of Birth | Male/Female
Nationality | Religion
Proposed Month of Entry | Entry Level
Name of Father
Occupation
Office Address
E-mail | Tel
Home Address | Tel

Name of Mother
Occupation
Office Address
E-mail | Tel
Home Address | Tel

Names of Siblings (if any)
Who will pay School Fees & Other Expenses
School Attended During the Last Year
One Close Contact (Near the school)
Name
Address

ADMISSIONS

Application for admissions are arranged through the Director. A non-refundable fee will be charged for each application.
All applications must be accompanied by a copy of the birth certificate and two recent passport pictures.
Please note that registration does not guarantee admission.
All admissions are on merit and are contingent upon available space. If there is no immediate opening, your child will be kept on the waiting list until his/her name comes to the top of the list.
We request that you contact the Director at least every 60 days in order that your child's name not be placed in the inactive file.

I have read the conditions of admission and should my child be admitted, I agree to conform to the school rules and regulations.

Signed | Date

Reg. No. | School House
Admittance Date | Reg. Fee received

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MEDICAL INFORMATION

A. Does your child/ward have the SS genotype? YES ☐ NO ☐

B. Is your child/ward asthmatic?

C. Has your child/ward any of the following conditions:

Eye ☐ Ear ☐ Nose bleeding ☐ None ☐

D. Has your child any other medical condition or form of allergy that the school should know about?

YES ☐ NO ☐

E. Has your child/ward ever been diagnosed as having specific learning difficulties such as Dyslexia, ADHD or any other? YES ☐ NO ☐

F. Has your child/ward been immunized against the following?

1. Small Pox	YES ☐	NO ☐
2. Whooping Cough	YES ☐	NO ☐
3. Polio	YES ☐	NO ☐
4. Tetanus	YES ☐	NO ☐
5. Tuberculosis	YES ☐	NO ☐
6. Mumps	YES ☐	NO ☐
7. Rubella (German Measles)	YES ☐	NO ☐
8. Hepatitis	YES ☐	NO ☐
9. Meningitis	YES ☐	NO ☐

(Please attach proof of immunization)

G. In an emergency

Your Doctor's Name ☐

Address ☐

Tel ☐

H. In an emergency do you permit us to take your child to the school clinic?

YES ☐ NO ☐

Father's Signature & Date

Mother's Signature & Date

- Please note that we have a sick bay and a nurse on duty but no drugs are administered to your child except for pain killers .
- If your child has a fever, diarrhoea or any form of infection kindly keep him/her at home for speedy recovery and the safety of other Students.