ROSEMORE HOUSE INTERNATIONAL SCHOOL
Inspired to Lead

Affix Passport Photograph

APPLICATION FORM

Name of Child (Surname first):

Age: Year: Month: Day:

Sex: Male ☐ Female ☐

Nationality:

State of origin:

Religion:

Any Relevant Medical Information:

Previous School(s) attended with dates:

Last Class Passed with Date:

Home Address:

PARENTS' INFORMATION

Information	Parents		Guardian
	Father	Mother	
Name (Surname first)			
Occupation			
Place of work/Address			
Office Phone Nos.			
Home Address			
Home Phone Nos.			

Please attach a copy of child's birth certificate and copy of the child's last result

Parent's Signature