

ENROLMENT FORM

PUPILS DETAILS

Surname:.....First Name:.....Middle Name:.....Sex:.....

Date of Birth:..... Nationality:..... State of Origin:.....

Proposed date of entry:..... Entry Level:..... Religion:.....

Who does the child live with: Both Parents ☐ Mother ☐ Father ☐ Guardian ☐

Can copies of reports/letters be sent to the parent(s) the child is not living with?

Yes ☐ or No ☐

Previous School:.....

Siblings Details

Number of siblings..... Ages..... School.....

How did you hear about Shandy Hall School?

Mother's Details

Name:.....

Home Address:.....

Occupation /Business:..... Mobile No:.....

Office/Business Address: Home Tel No:.....

Email Address:

Father's Details

Name:

Home Address:.....

Occupation/Business:..... Mobile No:.....

Office/Business Address:..... Home Tel.:.....

Email Address:

NEXT OF KIN/EMERGENCY CONTACT PERSON

Name: Tel. No:.....

Address:

MEDICAL INFORMATION:

Does your child have any allergies? Yes ☐ No ☐

Does your child have a disability? Yes ☐ No ☐

If yes please give details and any other health problems which we should know about

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Name of Family Doctor

Clinic Address and Phone No.....

If your child develops any contagious or infectious disease(s), it is your responsibility to notify the school.

Parents are advised to keep their children at home in case of any illness as home is the best place to be. We are unable to accept responsibility for giving medication to children

MEDIA CONSENT

Occasionally, we may use still or moving images of our pupils in our school prospectus, printed publications as well as on our website. If you do not agree to this kindly tick

I disagree ☐

DECLARATION

I declare that to the best of my knowledge the information given in this registration application is true and correct.

NAME:

SIGNATURE:

DATE:

Please provide the following documents:

Photocopy of Immunization Certificate ☐

Photocopy of Birth Certificate ☐

Child's Passport Photographs (4) ☐

Previous School Reports ☐

For official use one
