APPLICATION FORM *into*

Tricoz Hall Int. School

...building a pyramid of knowledge

Child's Names: _____ Sex_____(attach photograph)

Date of Birth: _____(attach birth cert.)

Nationality: _____ State of origin: _____ Religion_____

Residential Address: _____

_____

Tick Proposed class: Toddler(1yrs-2yrs)____ Prep1&2(3-5yrs+)____ EarlyPry(-5yrs-7yrs) ____

Mid-Up Pry(7yrs-10yrs) _____ Proposed resumption date _____

Academic Milestone(if child has been in school before)_____

_____

_____ (attach Previous results)

Medical details: It is importance that you provide clear and correct health information for positive care

Genotype: ☐ AA ☐ AS ☐ SS

☐ Physical impairment ☐ Hearing impairment ☐ Visual impairment ☐ Dyslexia

☐ Speech impairment/Aspergers ☐ Dyspraxia ☐ Convulsion ☐ Mental condition

Any other learning difficulty? _____(Attach medical report)

Health Status/Tendencies: _____

_____

_____ (attach immunization records)

Applicant's Names_____

Contact Address-_____

Fees Correspondent: Name-_____ Relationship-_____

Email:_____ Tel no: _____ Whatapp no:_____

PLEASE NOTE: This Application will expire after 2months without enrollment from purchased date. Today_____

I _____ confirms that the above given information are accurate and herein sign _____ this _____day of _____, 20_____.

For official use

Received date: _____ Admittance documents: _____ Status_____ Signed _____

Tricoz Hall Int. School
...building a pyramid of knowledge

Attach Child's Picture

Entry Information form

Child's Surname: _____

Child's Other Names: _____

Preferred Name in school: _____

Date of Birth: Month-_____ Day-_____ Year-_____

State of origin: _____ Nationality: _____

Residential Address: _____

_____

Father's Name: _____ Occupation:_ _____

Telephone numbers: _____ Email_____

Mother's Name: _____ Occupation:_ _____

Telephone numbers: _____ Email_____

Health management authorization: First Aid ☐ Call my doctor ☐ Health Centre ☐

Personal doctor's details: Name: _____ Tel:_____

Optional services

Extra curricular options: Swimming ☐ Music ☐ Table game ☐ Ballet ☐

Extra services: After-school ☐ Fruity snack ☐ Lunch ☐ Mobility ☐

Kindly state any additional useful information: _____

_____

_____

_____

For official use

Received date: _____ Admission status:_____ Admitted class:_____

Assessment Comment: _____

_____ Signed _____