PRECIOUS SPRINGS ACADEMY

ADMISSION FORM

FOR OFFICIAL USE ONLY

PUPIL'S	PERSONAL DATA		
92	Surname	First Name	Other names
f Birth:	Day	Month	Year
y of Birth:			
-			
ality:			
Applicant:	Male	Female	
ge(s) Spok	en:		
Address:			
Home Add	ress:		
Mailing Ad	dress:		
4			
n:	dmission is being sou	3939	

chool's E-mail Address:			
	Г		
hild's Last Class at Former s	chool: L		
Vho will Pick the Child after	School?		
erson's Relationship with C	hild:		
ar(s) Registration No(s):			
MEDICAL INFORMAT	ION		
any Peculiar Health problem	?	If yes, please give details:	
		3	
ny allergy?		If yes, please give details:	
ecord of immunization: Plea	ase circle	e as appropriate.	<u> </u>
las your child been	(a)	Immunized against Small Pox?	Yes/No
	(b)	Immunized against Measles?	Yes/No
	(c)	Immunized against Whooping Cough?	Yes/No
	(d) (e)	Immunized against Polio? Immunized against Tetanus?	Yes/No
	161	miniatived affairst retailest	
	(f)	Immunized against Tuberculosis?	Yes/No L
n case of emergency, do you	(f)	Immunized against Tuberculosis? the school to take your child to the clinic?	Yes/No Yes/No
	(f) permit	the school to take your child to the clinic?	
n case of emergency, do you f no, give instruction as to w	(f) permit	the school to take your child to the clinic?	
	(f) permit	the school to take your child to the clinic?	
f no, give instruction as to w	(f) permit there the	the school to take your child to the clinic?	
f no, give instruction as to w	(f) I permit	the school to take your child to the clinic?	
f no, give instruction as to w	(f) I permit	the school to take your child to the clinic?	
f no, give instruction as to w B. PARENT'S DATA ather's Name (Surname First	(f) I permit	the school to take your child to the clinic?	
Fig. PARENT'S DATA Sather's Name (Surname First Description:	(f) I permit	the school to take your child to the clinic?	
Fig. PARENT'S DATA Sather's Name (Surname First Occupation:	(f) I permit	the school to take your child to the clinic?	
f no, give instruction as to w B. PARENT'S DATA Sather's Name (Surname First	(f) I permit	the school to take your child to the clinic?	
PARENT'S DATather's Name (Surname First	(f) I permit	the school to take your child to the clinic?	

Tel. No. Evening: Day:
Fax No.:
Email Address:
Date & Place of Birth:
Nationality: State of Origin:
Sports & Hobbies:
Signature & Date:
Mother's Name (Surname First):
Occupation:
Home Address:
Office Address:
Tel. No. Evening: Day:
Fax No.:
Email Address:
Date & Place of Birth:
Nationality: State of Origin:
Sports & Hobbies:
Signature & Date:
Wedding Anniversary:
C. FAMILY BACKGROUND
1. Applicant lives with, both Parents Father Mother
2. Are Parents Separated/ Divorced? Yes No No
3. Number of Children in the Family:

Parent	its are not at home who will take care of Children?