

(DOWNLOADED)

PRESCHOOL

2015 - 2016

APPLICATION FORM

DATE: _____

NAME OF CHILD: _____

COUNTRY OF BIRTH: _____ NATIONALITY: _____

DATE OF BIRTH: ____/____/____ BIRTH PAPER PIN #: _____
(DD/MM/YYYY)

RELIGION: _____ SEX: M F

SCHOOLS ATTENDED: _____

REASON FOR LEAVING: _____

CHILD'S POSITION IN FAMILY: _____

NAME AND AGES OF SIBLING: _____

WITH WHOM DOES THE CHILD LIVE? (PARENT OR GUARDIAN) _____

MOTHER'S NAME: _____ TEL # : (H) _____

HOME ADDRESS: _____ : (C) _____

_____ : (W) _____

EMAIL: _____

MOTHER'S OCCUPATION: _____ PHOTO ID NUMBER: _____

BUSINESS NAME _____

& ADDRESS: _____

FATHER'S NAME: _____ TEL # : (H) _____

HOME ADDRESS: _____ : (C) _____

_____ : (W) _____

EMAIL: _____

FATHER'S OCCUPATION: _____ PHOTO ID NUMBER: _____

BUSINESS NAME _____

& ADDRESS: _____

GUARDIAN'S NAME: _____ TEL # : (H) _____

RELATIONSHIP TO CHILD: _____

HOME ADDRESS: _____ : (C) _____

_____ : (W) _____

EMAIL: _____

GUARDIAN'S OCCUPATION: _____ PHOTO ID NUMBER: _____

BUSINESS NAME _____

& ADDRESS: _____

OFFICIAL USE ONLY:

APP	BP	IDS
REG	IC	REC
POTTY:	YES	NO
SIBLINGS:		
TERM/YEAR:		

ASSESSMENT

To ENTER:
TEST GIVEN:
DATE GIVEN:
ASSESSED BY:
SUMMARY:

ADMISSION:

YES	NO	TENTATIVE
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TERM ACCEPTED:
CLASS:
HOUSE:

PROBATION	YES	NO
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DATE LEFT:
STUDENT #
BP PIN #
COMMENTS:

PHOTO:

PERSONS TO CONTACT DURING EMERGENCY: (OTHER THAN PARENTS/ GUARDIAN)

	NAME	RELATIONSHIP	TELEPHONE NUMBERS
1			
2			
3			
4			

HEALTH:

NAME OF DR: _____ TEL: _____ DATE OF LAST MEDICAL: _____

DETAILS OF ALLERGIES, VACCINATIONS OR OTHER:

PERSONAL HABITS: (PLEASE TICK)

IS THE CHILD FULLY TOILET TRAINED?

No	YES	IN THE PROCESS
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DOES THE CHILD USE A BOTTLE?

No	YES	
	DAY	NIGHT

DOES THE CHILD SLEEP DURING THE DAY?

No	IF YES, AT WHAT TIME:
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DOES THE CHILD EAT WELL OR IS FUSSY ABOUT FOOD?

EATS WELL	FUSSY
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PLEASE STATE OTHER RELEVANT INFORMATION (E.G. FEARS, LIKES, DISLIKES ETC.) _____

CHILD WILL ARRIVE IN SCHOOL AT: _____ AM
CAR #:
PERSON:

CHILD WILL DEPART FROM SCHOOL AT: _____ PM
CAR #:
PERSON:

KINDLY STATE THE FOLLOWING:

NAME OF RECOMMENDER/S: _____

TELEPHONE NUMBER/S: _____

REASON FOR CHOOSING ATWELL'S: _____

I, _____, DO HEREBY AGREE TO CONFORM TO ALL RULES AND REGULATIONS
NAME OF APPLICANT (IN BLOCK LETTERS)

OF THE SCHOOL. I UNDERSTAND THAT FAILURE TO DO SO COULD RESULT IN EXPULSION.

I ALSO UNDERSTAND THAT PRESCHOOL TUITION ENDS ON COMPLETION OF LEVEL THREE.

I UNDERSTAND THAT ADMISSION TO ATWELL'S PRIMARY SCHOOL IS NOT AUTOMATIC FROM PRESCHOOL BUT ONLY BY APPLICATION TO THE SAID PRIMARY SCHOOL (AT LEAST FOUR (4) MONTHS PRIOR TO THE DESIRED ADMISSION) AND THAT THE SAID APPLICATION IS NOT A GUARANTEE OF ACCEPTANCE TO ATWELL'S PRIMARY SCHOOL.

I ALSO UNDERSTAND THAT THERE WILL BE NO REFUND OF FEES (SCHOOL AND OTHER) ONCE MY CHILD HAS BEEN ADMITTED AND HAS STARTED THE SCHOOL TERM.

SIGNATURE OF PARENT/ GUARDIAN