

# Registration Form



SchoolPay Payment Code:

Date:

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## STUDENT INFORMATION

Full Name:

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Date of Birth:

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Preferred Name:

Gender:  Male  Female

## ADMISSION DETAILS

Class Applying For:  Play Group  Toddlers Class  Early Learners  K4  K5

Academic Year:

Previous School Name:

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## PARENT / GUARDIAN INFORMATION

Father's Name:

Mother's Name:

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Occupation:

Occupation:

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Phone Number:

Phone Number:

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Alt Phone Number:

Alt Phone Number:

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## REQUIRED DOCUMENTS

- Birth Certificate  Parent ID Cards  Completed Pick-up Form  
 Immunisation Card  Passport Size Photos (2 for Student, 1 for each Parent/Guardian)

## MEDICAL INFORMATION

Does the student have any allergies?  Yes  No

If yes, please list: -----

Does the student have any medical conditions we should be aware of?  Yes  No

If yes, please specify: -----

I hereby confirm that the information provided is true and correct.

Parent/Guardian Signature:

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Date:

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