



EMANN PREPARATORY, KINDERGARTEN AND CHILDCARE CENTRE
STUDENT'S APPLICATION FORM

PLACE
PHOTO
HERE

STUDENT'S APPLICATION FORM

PLEASE ANSWER ALL QUESTIONS BELOW

STUDENT'S PERSONAL DATA

SURNAME CHRISTIAN MIDDLE

AKA DOB (dd/mm/year) NATIONALITY

ADDRESS RELIGION

PARENTS DATA

MOTHER'S SURNAME CHRISTIAN MIDDLE

ADDRESS TELEPHONE #

EMPLOYER'S NAME ADDRESS TELEPHONE #

FATHER'S SURNAME CHRISTIAN MIDDLE

ADDRESS TELEPHONE #

EMPLOYER'S NAME ADDRESS TELEPHONE #

GUARDIAN/NEXT OF KIN'S SUR NAME CHRISTIAN MIDDLE

ADDRESS TELEPHONE #

MEDICAL DATA

DOCTOR'S NAME

TELEPHONE#

ADDRESS

ALLERGIES (IF ANY)

EDUCATIONAL BACKGROUND

NAME OF LAST SCHOOL ATTENDED (IF ANY)

REASON FOR LEAVING

ACTIVITIES INVOLVED IN (IF ANY)

OTHER

HOW DO YOU PUNISH?

DOES YOUR CHILD HAVE OTHER SIBLINGS () YES () NO

ARE THEY LIVING IN THE SAME HOME? () YES () NO

NAME OF PERSON TO PICK UP CHILD SURNAME

CHRISTIAN NAME

AKA

TELEPHONE #

WHO IS RESPONSIBLE FOR THE TUITION?

SIGNATURE

I HEREBY VERIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT IN THE EVENT ANY FALSE INFORMATION WAS GIVEN DISCIPLINARY ACTIONS WILL BE TAKEN.

NAME

SIGNATURE

DATE

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