

! Attach a recent  
passport-size  
photo here.



## STUDENT ADMISSION FORM

Registration Number: \_\_\_\_\_ Registration Received On: \_\_\_\_\_

### STUDENT INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous School (if any): \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Primary Guardian Name: \_\_\_\_\_

Relationship to Student:  Mother  Father Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_

Secondary Guardian Name: \_\_\_\_\_

Relationship to Student:  Mother  Father Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## 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: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Documents Submitted:  Birth Certificate  Immunization Records  
 Proof of Address  Other: \_\_\_\_\_

I give permission for my child to receive emergency medical treatment if necessary.

I understand that submitting this form does not guarantee admission; the school will review applications and notify parents accordingly.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
School Official