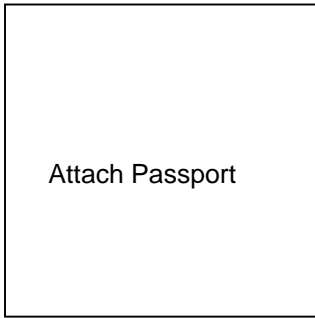


REGISTRATION FORM



Pupil's Details

Surname _____
First Name _____
Age _____
Date of Birth _____
Place of Birth _____
Nationality _____
State of Origin _____
Class Applying into _____
Day or Boarding _____

Former School(s) _____
Attended _____

Parents' Details

Father's Names _____
Office Address _____
Tel: _____
Mobile No _____
E-mail _____
House Address _____
Tel: _____
Mother's Names _____
Office Address _____
Tel: _____

Mobile No _____

E-mail _____

House Address _____

Tel: _____

Health

Does your child have any health challenges _____

If Yes please indicate medical history _____

Any allergies? _____

WHO TO CONTACT IN CASE OF EMERGENCY _____

FAMILY DOCTOR & HOSPITAL /CLINIC _____

CAN HE/SHE BE ATTENDED TO AT OUR RETAINED HOSPITAL IN CASE OF EMERGENCY? _____

WHO WILL PICK UP THE CHILD AFTER SCHOOL _____

Attach in your mail an send it to admission@roemichschool.com