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Affix recent
passport
Photograph of
your child/ ward
here

PRE-REGISTRATION FORM

NAME OF CHILD:.....

PET NAME.....AGE.....

RESIDENTIAL ADDRESS:.....

DATE OF BIRTH:.....GENDER:.....

NATIONALITY:.....

LANGUAGES SPOKEN: (1)..... (2)..... (3).....
(FLUENT IN.....)

RELIGION OF CHILD:.....

HOSPITAL CHILD ATTENDS:.....

SPECIAL LIKES:.....COMFORTS:.....

SPECIAL DISLIKES:.....FEARS:.....

ALLERGIES:.....

ANY OTHER THING WE SHOULD KNOW ABOUT YOUR CHILD?:.....

FATHER'S NAME:.....

TELEPHONE:.....

MOTHER'S NAME:.....

TELEPHONE:.....

SIGNATURE OF PARENT:..... DATE:.....

FOR OFFICAL USE ONLY

ADMISSION NO.....

DATE OF ADMISSION:.....

HEAD TEACHER'S SIGNATURE:.....