

VINCY-FROEBEL MODEL SCHOOL NURSERY AND PRIMARY

ENROLLMENT FORM

Child's Information

Name of Child (Surname First):

Sex: _____

Place of Birth: _____

Date of Birth: _____

Religion: _____

Nationality: _____

State of Origin: _____

Last School Attended (if any): _____

Class Last Passed with Date: _____

Class to Which Admission is Sought: _____

Health Information

Child's Health (Any known conditions/allergies):

Usual Complaints (e.g., headaches, stomach aches):

Child's Favorite Food: _____

Mother's Information

Mother's Full Name: _____

Contact Address (Not P.O. Box):

Phone Number: _____ **Email Address:** _____

Occupation: _____

Office Address: _____

Father's Information

Father's Full Name: _____

Contact Address (Not P.O. Box):

Phone Number: _____ Email Address: _____

Occupation: _____

Office Address: _____

Next of Kin (Nearest to the School)

Full Name: _____

Relationship to Child: _____ Phone: _____

Email Address: _____

Address: _____

Additional Information

Transfer Certificate Submitted? Yes No

If Yes, from which school? _____

Any Other Information (Special needs, talents, or concerns):

Declaration

I, _____, parent/guardian of
_____, certify that the information provided above is true and complete. I agree to abide by the rules and regulations of Vincy-Froebel Model School Nursery and Primary.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Application Received by: _____ Date Received: _____

Admission Status: Approved Waitlisted Declined

Class Assigned: _____ Date: _____