



REGISTRATION FORMS

PUPIL'S DETAILS

Surname:

First Name:

Middle Name:

Preferred Name:

Date of Birth:

Nationality:

Second Nationality *(if applicable)*:

Is English the pupil's first medium of instruction since he/she started school?

Yes No

If NO what other languages has he/she been instructed with

Languages spoken at home

Year Group you are applying for

ADDRESS (HOME):

Street Address:

Neighbourhood:

Post Code:

POSTAL ADDRESS/ CONTACT INFORMATION:

Address:

Town:

Country:

Mobile:

Telephone (Home):

Telephone (Work):

Email:

SCHOOL(S) ATTENDED:

	Name of School	Address	Period
Present/ Last School Attended			
Previous School(s) Attended (if any)			

PARENT/ GUARDIAN INFORMATION:

	Name	Address	Phone #	Occupation
Relation	Father			
	Mother			
	Emergency contact (state relation)			

The completed form must be accompanied by:

- A copy of the pupil's birth certificate or current passport
- A recent head and shoulders photograph of the pupil

MEDICAL/ LEARNING CONDITIONS:

Any medical and learning condition(s) that require special attention? Yes No

If YES please specify the condition :

DECLARATION :

The information presented to The Christ Church School is accurate and it may be used for the purpose of admission and communication with the school and other parties mentioned in the Registration document.

Parent/Guardian's name:

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Parent/Guardian's name:

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Parent/Guardian's Signature:

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Parent/Guardian's Signature:

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