



Registration Form

Passport sized
photograph
of child

Date of Enrolment: / /

Waiting List: _____

Child's Details

Child's Name:	<input type="text"/>	Family Name:	<input type="text"/>
Child's D.O.B:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex: Male / Female	<input type="text"/>
Child's Nationality:	<input type="text"/>	Religion:	<input type="text"/>
Mother tongue:	<input type="text"/>	2nd language:	<input type="text"/>
Siblings: Name/s:	<input type="text"/>	D.O.B:	<input type="text"/> / <input type="text"/> / <input type="text"/>
School attending:	<input type="text"/>		

Family Details

	Mother	Father
Full Name:	<input type="text"/>	<input type="text"/>
Mobile Number:	<input type="text"/>	<input type="text"/>
Work Number:	<input type="text"/>	<input type="text"/>
Residence Number:	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>
Place of Work:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>

Emergency Contact

Name:	<input type="text"/>
Relation:	<input type="text"/>
Number:	<input type="text"/>