



APPLICATION FORM

Academic Year : _____ Month: _____ Date of Submission: _____

CHILD INFORMATION

Surname: _____ First name: _____ Preferred name: _____

Date of Birth: _____ Gender:(please tick the appropriate)
 (dd:mm:yy) Male: { } Female: { }

Address (Home): _____

Nationality: _____ Religion: _____

PARENT/GUARDIAN INFORMATION

_____ Mother _____ Father

Name of Parent/Guardian: _____

Home Address: _____

Profession: _____

Tel (Mobile): _____

Employer's Address: _____

Tel (Office): _____

E-mail Address: _____

Emergency contact: (This must be someone we can contact if we cannot reach either parent) Name: _____ Tel: _____

HEALTH INFORMATION

Is your child's immunization record up to date? Yes /No

Please detail any health problems that your child might have:

Does your child have any allergies? Yes/No

Please state: _____

Is your child taking regular medication? Yes/No

If yes please state what type of medication and include any special instructions: _____

Does your child have any special dietary requirements? Yes/No

If yes please state: _____

How did you hear about us? Handbill Website Word of mouth Others: _____

Signature of Parent/ Guardian: _____ Date: _____

- All application forms must be accompanied with a copy of the child's birth certificate, immunization records and two recent passport photographs.

CONSENT FORM

Permission for Emergency treatment.

In the event of sudden illness or accident affecting my child, I give permission for my child to be transported to the nearest hospital by staff of Spring Lake School in my absence.

Name: Signature:Date:

Permission to take photographs.

We usually take pictures of the children while they are working or engaged in different activities. These photographs may be used for display around the school and occasionally for promotional purposes.

I hereby give my consent for my child's photograph to be used for displays around the school and for promotional purposes.

Name: Signature: Date:

Field trips.

From time to time, we may take the children on age appropriate outings to support the curriculum or for pleasure during the festive seasons. We will always notify you of the venue of such trips.

I hereby give my consent for my child to attend field trips with his/her peers provided the school takes all necessary steps to ascertain the safety of my child.

Name: Signature: Date: