



Affix  
passport  
picture here

## REGISTRATION FORM

Reg No: \_\_\_\_\_

### CHILD'S DETAILS:

Child's Surname:	_____	Child's First Name:	_____
Date of Birth:	_____	Sex:	_____
Nationality by Origin:	_____	Proposed Entry Year:	_____
Home Address:	_____		
Whom Does the Child Stay with?	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both <input type="checkbox"/>

### FATHER'S DETAILS:

Father's Surname:	_____	Father's First Name:	_____
Profession:	_____	Nationality:	_____
Office Telephone:	_____	Mobile:	_____
Office Address:	_____		
Email Address:	_____		

### MOTHER'S DETAILS:

Mother's Surname:	_____	Mother's First Name:	_____
Profession:	_____	Nationality:	_____
Office Telephone:	_____	Mobile:	_____
Office Address:	_____		
Email Address:	_____		

FOR OFFICIAL USE ONLY

Date Registered	_____	Notes	_____
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Accepted	_____	Refused	_____	Deferred	_____
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### REMARKS

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