

# Registration Form

Date (dd/mm/yy): \_\_\_ / \_\_\_ / \_\_\_

## Student Information

Surname (Family/Last): \_\_\_\_\_

First Name(s): \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_ / \_\_\_ / \_\_\_

Sex: M  F



Address: \_\_\_\_\_

## Medical Information

i. Medical Conditions: Y  N

If yes, please specify: \_\_\_\_\_

ii. Allergies: Y  N

If yes, please specify: \_\_\_\_\_

iii. Dietary Requirements: Y  N

If yes, please specify: \_\_\_\_\_

## Previous School Information (If applicable)

School Name: \_\_\_\_\_

Latest Year/Grade Attended: \_\_\_\_\_

## Parent(s)/Legal Guardian(s) Information

1. Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Parent(s)/Legal Guardian(s) (Name and Signature)

1) \_\_\_\_\_

2) \_\_\_\_\_