

THE KING'S SCHOOL REGISTRATION FORM



➤ Please attach to this form:

- A copy of the child's birth certificate or her/his passport
- 3 passport photo
- The latest school report from the previous school the child has attended

1. IDENTIFICATION

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ SEX: _____

NATIONALITY: _____ RELIGION: _____

FIRST LANGUAGE: _____

OTHER LANGUAGES SPOKEN: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

MALE GUARDIAN'S NAME: _____

FEMALE GUARDIAN'S NAME: _____

(Please state relationship to child, e.g. Mother, Father, Uncle, Guardian)

MOTHER'S OR FEMALE GUARDIAN'S OCCUPATION: _____

PLACE OF WORK: _____

WORK TEL: (MOTHER/FEMALE GUARDIAN) _____

CONTACT NUMBER :(+257) _____ WHATSAPP: _____

FATHER'S OR MALE GUARDIAN'S OCCUPATION: _____

PLACE OF WORK: _____

WORK TEL: (FATHER/MALE GUARDIAN) _____

CONTACT NUMBER :(+257) _____ WHATSAPP: _____

RESIDENTIAL ADDRESS: _____

FATHER'S EMAIL: _____

MOTHER'S EMAIL: _____

MALE OR FEMALE GUARDIAN'S EMAIL: _____

2. PLEASE GIVE DETAILS OF PREVIOUS SCHOOLING:

NAME OF SCHOOL	COUNTRY	DATES ATTENDED

3. SIBLINGS AT THE KING'S SCHOOL

NAME	CLASS	AGE

4. PLEASE GIVE DETAILS OF ANY MEDICAL CONDITION(S) YOUR CHILD HAS AND/OR MEDICINE THAT NEEDS TO BE TAKEN REGULARLY.

5. EMERGENCY CONTACT NUMBER

Please give the name and number of someone, other than the main carers, who we can contact in the event of an emergency. We will only contact this person if the parents are unavailable.)

1. NAME:

CONTACT NUMBER WHATSAPP.....

2. NAME:

CONTACT NUMBER WHATSAPP.....

➤ I UNDERSTAND THAT THE KING'S SCHOOL IS AN ENGLISH SPEAKING CHRISTIAN SCHOOL.

NAME: _____ TEL NO: _____

SIGNED _____ DATE _____

(Parent/Guardian)