



APPLICATION FORM

Last Updated – 21st July 2022

GENERAL INFORMATION	
1)	Date of application <input style="width: 80%;" type="text"/>
CHILD'S INFORMATION	
2)	First Name <input style="width: 80%;" type="text"/>
3)	Middle Name <input style="width: 80%;" type="text"/>
4)	Last Name <input style="width: 80%;" type="text"/>
5)	Gender <input type="radio"/> MALE <input type="radio"/> FEMALE
6)	Place Of Birth <input style="width: 80%;" type="text"/>
7)	Nationality <input style="width: 80%;" type="text"/>
8)	Dietary Requirement's <input style="width: 80%; height: 100%;" type="text"/>
9)	Health Issues <input style="width: 80%; height: 100%;" type="text"/>



INSURANCE DETAILS		
10)	Insurance Provider	<input type="text"/>
	Insurance Membership Number	<input type="text"/>
	Insurance Contact Details	<input type="text"/>

MOTHER/PRIMARY CAREGIVER'S INFORMATION		
11)	First Name	<input type="text"/>
12)	Middle Name	<input type="text"/>
13)	Last Name	<input type="text"/>
14)	Occupation	<input type="text"/>
15)	Employer	<input type="text"/>
16)	Residential Address	<input type="text"/>
17)	PO Box Address	<input type="text"/>
18)	Work Phone	<input type="text"/>
19)	Home Phone	<input type="text"/>
20)	Mobile Phone	<input type="text"/>
21)	Email	<input type="text"/>
22)	Relationship To Child	<input type="text"/>



FATHER/PRIMARY CAREGIVER'S INFORMATION

23)	First Name	<input type="text"/>
24)	Middle Name	<input type="text"/>
25)	Last Name	<input type="text"/>
26)	Occupation	<input type="text"/>
27)	Employer	<input type="text"/>
28)	Residential Address	<input type="text"/>
29)	PO Box Address	<input type="text"/>
30)	Work Phone	<input type="text"/>
31)	Home Phone	<input type="text"/>
32)	Mobile Phone	<input type="text"/>
33)	Email	<input type="text"/>
34)	Relationship To Child	<input type="text"/>

EMERGENCY CONTACT INFORMATION

35)	First Name	<input type="text"/>
37)	Last Name	<input type="text"/>
38)	Relationship To Child	<input type="text"/>
39)	Work Phone	<input type="text"/>
40)	Mobile Phone	<input type="text"/>



41) First Name	<input type="text"/>
43) Last Name	<input type="text"/>
44) Relationship To Child	<input type="text"/>
45) Work Phone	<input type="text"/>
46) Mobile Phone	<input type="text"/>

SCHOOL COLLECTION & COMMUNICATION	
47) Are duplicate mailings requested for separate households? Please provide details	<input type="text"/>
48) Who will sign enrollment acceptance agreement?	<input type="text"/>
49) Who will be responsible for payment?	<input type="text"/>
50) Who has permission to collect the child?	<input type="text"/>

SIBLING INFORMATION 1	
51) Name	<input type="text"/>
52) Date Of Birth	<input type="text"/>
53) Gender	<input type="radio"/> MALE <input type="radio"/> FEMALE



SIBLING INFORMATION 2

54) Name	<input type="text"/>
55) Date Of Birth	<input type="text"/>
56) Gender	<input type="radio"/> MALE <input type="radio"/> FEMALE

SIBLING INFORMATION 3

57) Name	<input type="text"/>
58) Date Of Birth	<input type="text"/>
59) Gender	<input type="radio"/> MALE <input type="radio"/> FEMALE

ANY OTHER INFORMATION

60) Please use this section for any other information you feel maybe relevant to your application.