



c. Drugs with adverse reactions.....

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d. Special Needs (If any) .....

8. Name of Sponsor (If any) .....

9. other Relevant information.....

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**11. DECLARATION:**

I certify that the above information is correct and to the best of my knowledge true.

Parent's/ Guardian's Signature..... Date .....

**For Official Use Only**

DATE ADMITTED	ADMISSION NO	CLASS	REMARKS

13. Name of Admission Officer .....

14. Signature of Admission Officer ..... Date .....

**P.S**

The completed form must be returned with the following documents

- i. Copy of birth certificate
- ii. Copy of immunization
- iii. Copy of blood and genotype certificate (if available)
- iv. Last class report from previous school attend (if any)
- v. Two (2) passport size photograph (most recent) of child.