



REGISTRATION FORMS

The acceptance and offer of a place is based on space availability and full satisfaction of the registration requirements of the school at the time the offer is made. Children from ages 2 years of all races, nationalities and religions are welcome.

By completing and signing these registration forms, you are in agreement and accept Zuwena International School **Terms and Conditions**, documented in the **ZIS Student/Parent Handbook**.

Child's Photo

Registration number: _____

CHILD DETAILS

Child's Names: _____
First Name Middle Name Last Name

*Preferred Name / Name generally used: _____

Physical Address (Estate): _____ Home Tel no.: _____

Nearest Land Mark: _____

Postal Address: _____ Postal Code: _____ Town/City: _____ Country: _____

Date of Birth: ____ / ____ / ____ Sex (M/F): ____ Nationality: _____ Religion: _____

Language Spoken: _____ The Child lives with: _____

TRANSFER INFORMATION

Have you transferred your child from another school to our school? Yes No

If **yes** please state the School & Class: _____

Kindly also provide us with the previous school records

Proposed Year of Entry: _____ Term of Entry (Sep/Jan/April): _____ Proposed Class of Entry: _____

EMERGENCY INFORMATION

In case of an emergency, which hospital(s) should your child be taken to? _____

Family Doctor: _____ Tel No.: _____

Incase the child develops sudden fever, I wish him/her to be given: Calpol Brufen Other: _____

Does your child have any medical condition (including Allergies)? Yes No

(If **yes** please state briefly)

Note: in Emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL.



PARENTS / GUARDIANS DETAILS

I/We declare that all the information given in these forms is correct and to the best of my/our knowledge.

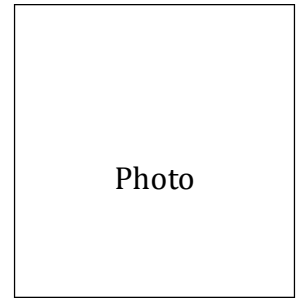
Names: _____ Relationship to the child: _____

Passport / ID no.: _____ Email: _____

Occupation: _____ Employer: _____

Tel (Office): _____ (Mobile): _____

Signature: _____ **Date:** _____



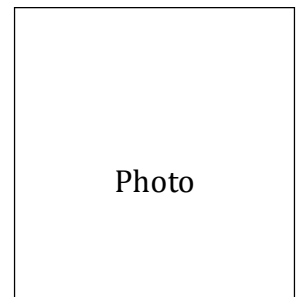
Names: _____ Relationship to the child: _____

Passport / ID no.: _____ Email: _____

Occupation: _____ Employer: _____

Tel (Office): _____ (Mobile): _____

Signature: _____ **Date:** _____

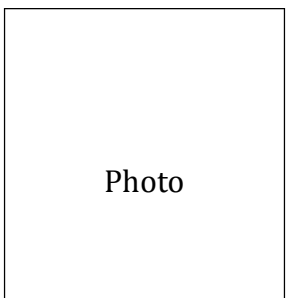


AUTHORISED PERSONS TO PICK UP THE CHILD (not parent / not guardian)

The School will not release your child to anyone except you, unless you request it in writing or by phone. Please list all the persons authorized to pick up your child or to be notified in case of an emergency

Names: _____ Relationship: _____

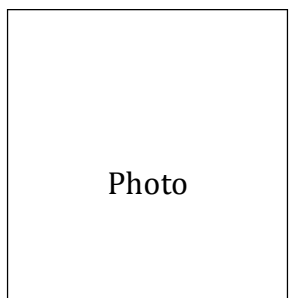
Tel (Mobile): _____ Physical Address (Estate): _____ House no.: _____



The School will contact you in case of an emergency relating to your child. Should we be unable to reach you, please provide an alternative contact person

Names: _____ Relationship: _____

Tel (Mobile): _____ Physical Address (Estate): _____ House no.: _____



In case the emergency contacts or authorized pick up person's change we shall require:

- *A signed authorization letter from the parents / guardians*



HOW DID YOU HEAR ABOUT THE SCHOOL?

- Fliers/Poster Friend Road Sign Website Face book Existing Parent Other

(i) If **“Other”** (Please give details): _____

(ii) If **“referred by an Existing Parent”**, Kindly give the following information:

*Name of the Parent: _____ Contact: _____

*Name of the Child (at least two names): _____

COMMENTS

FOR OFFICIAL USE ONLY

Accepted Date: ____ / ____ / _____

Term of Enrollment: _____

Class: _____

Student No.: _____

Head Teachers Signature: _____

Date: ____ / ____ / _____

Director’s Signature: _____

Date: ____ / ____ / _____

Comments:

