



## Registration Form

*Academic Year: 2025*

| STUDENT INFORMATION  |   |
|--|---|
| Full Name  | _____   |
| Date of Birth  | ____ / ____ / ____ Place of Birth _____                           |
| Gender   | <input type="radio"/> Male <input type="radio"/> Female Age _____ |
| Current Class/Grade  | _____   |
| Home Address   | _____   |
| City   | _____ Zip Code _____  |
| Mobile Number  | _____   |
|  |   |
| CONTACT INFORMATION  |   |
| Parents/Guardian Name  | _____   |
| Emergency Contact Number   | _____ Alternative Number _____                                    |
| Relationship to Student  | _____   |
|  |   |
| MEDICAL INFORMATION  |   |
| Kindly advise if the student has any life-threatening condition/s.<br>If Yes, kindly provide further details.              | Yes <input type="radio"/> No <input type="radio"/>                |
|  |   |
|  |   |
| Is the student in need of medication at school?<br>If Yes, kindly provide further details.                                 | Yes <input type="radio"/> No <input type="radio"/>                |
|  |   |
|  |   |
| Does the student have any other medical condition/s that we should be aware of?<br>If Yes, please provide further details. | Yes <input type="radio"/> No <input type="radio"/>                |
|  |   |
|  |   |

**Note:** All new students will undergo a brief assessment.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

