



STUDENT APPLICATION FORM

Date: _____

School Year: _____

I: CHILD'S INFORMATION

Name of Child: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

_____ Phone No.: _____

City _____ Zip Code _____

II: PARENTS' INFORMATION

Father's Name: _____ Occupation: _____

Phone Number(s): _____ Cell: _____

Mother's Name: _____ Occupation: _____

Phone Number(s): _____ Cell: _____

Either parent interested in serving as a classroom assistant? Yes / No Father / Mother

III: INFORMATION FOR ENROLLMENT

Recommended by: _____ Start Date: _____

Session: (Please check and circle where applicable)

I: EXTENDED FULL DAYS

5 days 3 days (Please circle days): -Mon -Tues -Wed -Thurs -Fri

II: PART TIME

A) Mornings (8.45am – 11.45am) Afternoons (1.00pm – 5.00pm)

B) 5 days 3 days (Please circle days): -Mon -Tues -Wed -Thurs -Fri

III: FULL TIME (9.00am – 3.00pm)

5 days 3 days (Please circle days): -Mon -Tues -Wed -Thurs -Fri

My child will arrive at school at: _____ AM _____ PM

My child will be picked up from school at: _____ AM _____ PM

Parent's Name (Printed) _____ Signature _____ Date _____

Parent's Name (Printed) _____ Signature _____ Date _____