



# APPLICATION FORM

NURSERY, PRIMARY & HIGH SCHOOL

## CANDIDATE INFORMATION

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

GRADE APPLYING FOR \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ STATE OF ORIGIN \_\_\_\_\_ SEX \_\_\_\_\_

### PARENT/GUARDIAN 1

MR.  MS.  MRS.  DR. \_\_\_\_\_  
FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ RELATIONSHIP TO CANDIDATE \_\_\_\_\_

PLEASE INDICATE ADDRESS IF DIFFERENT FROM CANDIDATES HOME ADDRESS.

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ TITLE \_\_\_\_\_ POSITION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

### PARENT/GUARDIAN 2

MR.  MS.  MRS.  DR. \_\_\_\_\_  
FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ RELATIONSHIP TO CANDIDATE \_\_\_\_\_

PLEASE INDICATE ADDRESS IF DIFFERENT FROM CANDIDATES HOME ADDRESS.

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ TITLE \_\_\_\_\_ POSITION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME OF PERSON RESPONSIBLE TO PICK UP CHILD \_\_\_\_\_

RELATIONSHIP TO THE CHILD \_\_\_\_\_

### HEALTH INFORMATION

DOES THE CHILD SUFFER FROM ANY HEALTH CONDITION WHICH THE SCHOOL OUGHT TO KNOW? \_\_\_\_\_

DOES THE CHILD HAVE ANY ALLERGIES?  YES  NO

IF YES PLEASE SPECIFY \_\_\_\_\_

DO YOU REQUIRE HOSTEL ACCOMODATION?  YES  NO

### SCHOOL INFORMATION

CANDIDATE'S PREVIOUS SCHOOL \_\_\_\_\_ DATE OF ATTENDANCE \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

HOW DID YOU HEAR ABOUT WITTYKIDS SCHOOL?

MEDIA  FAMILY/FRIENDS  OTHERS, PLS SPECIFY \_\_\_\_\_

I \_\_\_\_\_ THEREBY DECLEAR THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

For internal use only

SCORES \_\_\_\_\_

INTERVIEW DATE \_\_\_\_\_

DATE OF ADMISSION \_\_\_\_\_

GRADE ADMITTED INTO \_\_\_\_\_

\_\_\_\_\_  
SCHOOL ADMINISTRATOR'S SIGNATURE

\_\_\_\_\_  
BURSAR'S SIGNATURE

**FOR NURSERY AND PRIMARY SCHOOL CANDIDATES ONLY**

APPROVAL OF ADMISSION

I \_\_\_\_\_ approve the admission

Of \_\_\_\_\_

Into crèche/nursery \_\_\_\_\_ grade \_\_\_\_\_ for 20 /20 session.

\_\_\_\_\_  
SCHOOL ADMINISTRATOR

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**FOR HIGH SCHOOL CANDIDATES ONLY**

*Please detach and bring to the examination hall*

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
SERIAL NUMBER

\_\_\_\_\_  
EXAMINATION DATE

\_\_\_\_\_  
CANDIDATE'S SIGNATURE

\_\_\_\_\_  
DATE