



MEROSA ACADEMY



APPLICATION FORM

PUPIL INFORMATION

Child's Full Name: _____

Name Child is Called: _____ Circle One: Male _____ Female _____

Birth Date: _____ Age Child will be on First Day of School: _____

Home Address: _____

City: _____ Nationality: _____

Home Phone: _____

Language(s) Spoken at Home: _____

Previous School: _____

Last Class: _____

(ATTACH SCHOOL REPORT WITH A FILE JACKET)

Intended Class: _____ Play Group _____ Nursery _____ Primary _____

FAMILY INFORMATION

Mother's Name: _____

Mother's Home Phone: _____ Mother's Cell Phone: _____

Mother's E-mail Address: _____

Father's Name: _____

Father's Home Phone: _____ Father's Cell Phone: _____

Father's E-mail Address: _____

Are both parents in the home? _____ If not, which parent is the primary custodian? _____

Siblings at Merosa Academy _____

EMERGENCY INFORMATION

Others to contact in emergency if parents cannot be reached:

1. _____ Phone: _____ Relationship: _____

2. _____ Phone: _____ Relationship: _____

CHILD'S MEDICAL INFORMATION

Child's Physician: _____ Phone: _____

Blood Group: _____ Genotype: _____

Known Allergies: _____

Does Your Child take any Medication Regularly? _____ Please list medications, dosages and times.

Please list any serious accidents or surgeries your child has had: _____

Does your child have any problems with vision, hearing, or speech? _____ if so, please explain:

Describe any other conditions that requires special attention by the school _____

HELP US GET TO KNOW YOUR CHILD

Child's Bedtime: _____ and Child's wake up time: _____

Please list any pet your child has: _____

What are your child's favourite activities? _____

What does your child enjoy doing with mum? _____

Does your child play well alone? _____ In groups? _____

What behavioral control do you use with your child? _____

Please list three words that describe your child:

What do you hope your child will learn in school this year?

Parents Signature: _____ Date: _____

COMPLETING THE APPLICATION FORM

For the purpose of documentation and effective record keeping, it is important that you fill in the application form accurately.

Form should be completed by parent or guardian and duly signed.

Please write your child's or ward's name and surname as you want them to appear on all his or her school records. The names supplied follow the child all through his/her stay at Merosa Academy and appears on his/her reports and certificates.

Ensure that the e-mail address given is active to facilitate communication.

Attach two recent passport size photograph, bio data page of the international passport or birth certificate. If your child is transferring to Merosa Academy from another school, please attach photocopy of his/her previous term report. The duly completed application form should be returned to the school's administrative office.

OFFICE USE

Date Application received: _____

Result of interview: _____ Successful/Unsuccessful

Class Intended: _____

Remarks: _____

CHECK LIST:

Fee _____ Birth Certificate _____ Previous School Result _____

Transfer Certificate _____ Medical Report _____

File Jacket _____ Passport Photograph

School Administrator _____ Date _____