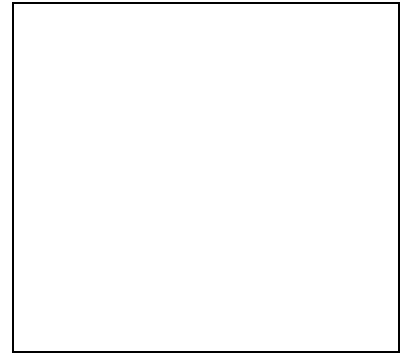


OUR LADY OF HOLY CROSS SCHOOL  
P. O. BOX WU 437  
KASOA  
Tel: 0205602026



## APPLICATION FORM

### 2020/2021 ACADEMIC YEAR

Surname of Pupil .....

First Name: .....

Date of Birth: .....

Last School Attended by Pupil: .....

Please tick the class in which you want your child to be admitted.

Baby Class [ ]      Nursery [ ]      Kindergarten (KG) [ ]

Religion: ..... Religious Denomination.....

Languages spoken: .....

House No.: ..... Street/Road.....

Residence Area: .....

#### FAMILY DATA

Father's Name: .....

Address: .....

.....

Tel. No. Office: ..... Home: ..... Cell: .....

Occupation: ..... Religion: .....

Level of Education: .....

Tel. No.: Office..... Home..... Mobile/Cell .....

House No.: ..... Street/Road: .....

Residence Area: .....

Mother's Name: .....

.....

Address: .....

.....

Occupation: .....

Level of Education: .....

Tel. No.: Office..... Home: ..... Cell: .....

House No.: ..... Street/Road: .....

Resident Area: .....

Guardian's Name (if applicable): .....

Address: .....

.....

Occupation: ..... Religion.....

Level of Education:

Tel. No.: Office: ..... Home: ..... Cell: .....

House No.: ----- Street/Road .....

Residential Area: -----

Relationship to pupil: .....

Pupil Lives with (please tick where applicable)

a. Both parents [ ] b. Father [ ] c. Mother [ ] d. Guardian [ ]

Number of older children: ..... Number of younger children: .....

CHILD'S HEALTH

1. Does your child suffer from any illness we should be made aware of?

Yes [ ]

NO [ ]

2. If yes, please state: .....

.....

3. Is he/she under any medical treatment? Yes [ ] NO [ ]

4. Does he/she take any routine drug? Yes [ ] NO [ ]

5. If yes, please state: .....

.....

6. Does he/she have any phobias (fears)? Yes [ ] NO [ ]

7. If yes, please state: .....

.....

8. Has she been immunized? Yes [ ] NO [ ]

If yes, please submit original (to be returned) and one (1) photocopy of  
Immunization Certificates/Weighing Card.

FOR OFFICE USE, ONLY

1. Date of Admission.....2. Class Admitted.....

3. Admission No.: .....

Name and Signature of Head teacher .....