

'NEW COMFORT GARDENS SCHOOL

EDUCATION AND CARE

TEL: 0720457759/0725330735

ADMISSION FORM

ATTACH
PASSPORT
PHOTO HERE

PARTICULARS OF THE CHILD

Admission No _____

Name of child: _____

Date of birth: _____

Previous school : _____

Any medical condition: _____

PARTICULARS OF THE PARENT

Name of the father: _____ ID No; _____

Occupation: _____ Office Telephone: _____

Mobile Number: _____

Name of the mother: _____ ID No: _____

Occupation: _____ Office Telephone: _____

Mobile Number: _____

Residential Area: _____ Court/Road: _____

House Number: _____ Postal address: _____

Transport route: _____

I declare to abide with the school regulations and confirm that the information given in this form to be true

Parent's signature: _____ Date: _____

FOR OFFICIAL USE ONLY

I have admitted the above child after the parent/guardian have confirmed to me they are responsible for the above child and will abide with the school regulations.

Head teacher's signature: _____ Date: _____

Director's signature: _____ Date: _____