

SERARE SCHOOL
APPLICATION FORM (KINDERGARTEN)

1. Full name of child _____
2. Date of Birth _____ Age _____ sex _____
3. Is transport required? _____ From _____
4. Medical or other problems which could affect the child's education e.g allergies

5. Is your child required to eat special food ? If so give details _____

Academic Background:

6. Name of last school attended _____ Class: _____
7. Provide the school with the following.
 - (i) A copy of your child's birth certificate
 - (ii) A copy of your child's immunization Card
 - (iii) Work from previous school
8. How did you come to know of Serare School?

9. Parents/Guardian Information:

Name in full: _____ Occupation: _____

Office Telephone Number: _____ Mobile Number: _____

Home Telephone Number: _____ Address: _____

Parents/Guardian signature _____ Date _____

Interview results (Pre-Unit)

RECORD OF SCORE

MARKS OUT OF

Mathematics
English
Reading.....
Total

Remarks

(1) Director of studies

(2) Head teacher

(3) Manager
