

**LAKEWOOD SCHOOLS**  
**PUPILS' ADMISSION FORM**

ADM NO: \_\_\_\_\_

PUPIL'S FULL NAMES: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ NATIONALITY \_\_\_\_\_

LANGUAGES 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

ENTRY REQUESTED FOR CLASS \_\_\_\_\_

**DETAILS OF THE FORMER SCHOOL**

Name of the school \_\_\_\_\_ Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Name of the Head Teacher: \_\_\_\_\_

**PUPIL'S DETAILS**

Father's /Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Any contact in case of emergency? Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have a relative in this school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Pupil or Employee?

Pupil's name? \_\_\_\_\_ Class: \_\_\_\_\_

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

**PLEASE INDICATE WHO PAYS THE FEE**

Self \_\_\_\_\_ Sponsor \_\_\_\_\_ Company \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**LUNCH/TRANSPORT**

Will the pupil eat at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the pupil require transport? Yes \_\_\_\_\_ No \_\_\_\_\_

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### MEDICAL REPORT

Does your child suffer from?

Eczema Yes \_\_\_\_\_ No \_\_\_\_\_ Allergies Yes \_\_\_\_\_ No \_\_\_\_\_ Asthma Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer of any of the above is YES, Please more information as may be required

\_\_\_\_\_.

Is there anything else in your child's medical history we should know?

Explain \_\_\_\_\_