

Picture Here

## **Application for Admission**

Please complete each section in **BLOCK LETTERS** 

Section 1: CHILD'S PERSONAL DETAILS

Name				Surname					
Date of Birth				Place of Birth					
Nationality					Male			Female	
Address							1		
Parent's Telephone Numbers		Residence:				Mobi	ile		
						Offic	e:		

Name of any brother(s)/sister(s) already attending the school, or may be attending in the future:

Section 2: ACADEMIC DETAILS

Language(s) commonly spoken at home: (1): \_\_\_\_\_\_(2): \_\_\_\_\_\_(2): \_\_\_\_\_\_(2): \_\_\_\_\_\_(2): \_\_\_\_\_\_\_(2): \_\_\_\_\_\_\_(2): \_\_\_\_\_\_\_(2): \_\_\_\_\_(2): \_\_\_\_(2): \_\_\_(2): \_\_\_\_(2): \_\_\_\_(2)

Name(s) of any other early childhood classes/ day cares attended in the past: \_\_\_\_\_

Section 3: PERSONALITY AND HEALTH

Please provide details of any special aspects of your child's personality:

Please provide information if your child has any health problems/ allergies requiring special attention:

Ile Du Port, P O Box 6, Victoria, Mahe, Seychelles. Tel: +248-4266046; Mob: +248-2513990 E-mail: trottersstop@gmail.com

## Section 4: PARENT / GUARDIAN DATA

Father's Name					
Profession			Desi	gnation	
Organization					
Office Address					
Office Telephone				Fax No:	
Email:					
Mother's Name					
Mother's Occupation		House Wife	P	rofessional	
Profession					
Organization					
Office Address					
Office Telephone			Fax No:		
Email:					

## Section 5: DECLERATION

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.

Signature of Parent/ Guardian

Date

Signatory's Name: \_\_\_

Signatory's Relation with the Child: \_\_\_\_

Section 6: ADMISSION PROCEDURE

- **1.** The completed admission form long with 1 passport size photograph and the registration fee (non-refundable) must be submitted to the school office.
- 2. After the admission from has been processed, a date is given for applicant's starting date at the school.
- 3. The parent/guardian must ensure payment of all school fees and dues at least 3 days prior to the student's commencement date offered. If this is not done in time, the place will be offered to another candidate.

Ile Du Port, P O Box 6, Victoria, Mahe, Seychelles. Tel: +248-4266046; Mob: +248-2513990 E-mail: trottersstop@gmail.com

## FOR OFFICE USE ONLY

Form Check By:		Registration Fee Paid On:
Birth Certificate Provided:	Yes:	Cash:
Photograph Provided:	Yes:	Or Cheque No:
Admission Fee:	Yes:	Tuition Fee:
Date:		Child Interviewed By:
Total Cash:		
Acceptance / Rejection:	A R	
Reason For rejection:		
Additional Comments:		
		Signature of Head of School

Ile Du Port, P O Box 6, Victoria, Mahe, Seychelles. Tel: +248-4266046; Mob: +248-2513990 E-mail: trottersstop@gmail.com