



ADMISSION ENQUIRY

Date of Enquiry	
Name of the Mother	
Name of the Father	
Address.....	
Phone Number	
Mobile No. and E-mail (Father)	
Mobile No. and E-mail (Mother)	
Name of the Child <i>Include Name, Surname, Expansion of Initials</i>
Date of Birth (dd/mm/yyyy)	
Current Age	Years: Months:
Previous School	
Current School	
Current Class	
Second Language	
Class into which Admission is sought	
Other Details	

For Office Use

Enquiry: <input type="checkbox"/> In person <input type="checkbox"/> E-mail	Has a school flyer been provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Interview date:
Comments:		
Application	Registration	
Has an Application form been issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration due date:	
Application due date:	Registration letter sent on:	
Application form submitted on:	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Joining:	