

Primary School Admission Form PDF

Student Information

- Full Name: _____
- Date of Birth: _____
- Gender: Male Female Other
- Home Address: _____
- City: _____
- State: _____
- Zip Code: _____

Parent/Guardian Information

- Full Name: _____
- Contact Number: _____
- Email Address: _____
- Occupation: _____
- Relationship to Student: _____

Emergency Contact

- Full Name: _____
- Contact Number: _____
- Relationship to Student: _____

Previous School Information

- School Name: _____
- Address: _____
- Contact Number: _____
- Last Grade Completed: _____

Medical Information

- Allergies: _____
- Current Medications: _____
- Medical Conditions: _____

Declaration

I, the undersigned, declare that the information provided above is true and accurate to the best of my knowledge.

- Parent/Guardian Signature: _____
- Date: _____