

CARRO-HARRIS ACADEMY

*Crèche

*Nursery *Primary *Secondary

Admission Form

CANDIDATE'S	INFORMATION							
Surname:	First Name:	Middle Name:						
Sex:	Class applying for:	Date of Birth:						
State of Origin: _	Local Govt. Area:	Nationality:						
Home Address: _								
City:								
	Denomination:							
PARENT/GUAR	RDIAN 1 (FATHER)							
Mr. Ms.	DrMrs:							
		cupation:						
		-mail:						
		Title/Position:						
*Please indicate a	ddress if different from candidate's h	ome address.						
Home Address: _								
City:		State:						
Name of person re	esponsible to pick up the child:							
	e child:							
•								
	RDIAN 2 (MOTHER)							
Mr. Ms.	Dr. Mrs:							
		cupation:						
Phone Number(s)	:	_ E-mail:						
Place of Employn	nent:	Title/Position:						
*Please indicate a	ddress if different from candidate's h	ome address.						
Home Address: _								
City:		State:						
Name of person re	esponsible to pick up the child:							
Relationship to th	e child:							
HEALTH INFO	RMATION							
Does your child s	uffer from any health condition that tl	ne school should take note of?						
Does your child s	uffer from any allergy? Yes	No						
If Yes, please spe	cify:							

Do you require host	el accommoda	tion?	Yes No					
SCHOOL INFOR								
Candidate's current								
Period of attendance: Current Class: School Address:								
School Head Teache	_							
Sign/Date & Officia	ıl Stamp:							
ACADEMIC INFO			· .•					
Subjects offered and Subjects	i	examı	nation Subjects	Result	1	Subjects	Result	
1	Kesuit	1	Subjects	Kesuit	1	Subjects	Kesun	
2		2			2			
3		3			3			
4		4			4			
5		5			5			
I,	bove is true an 'Guardian 1: _	d corr	DECLARATIO rect.	N Date:		declare that the	e 	
I,information given a				• • • • • • • • • • • • • • • • • • • •		deciare mai m	e	
Signature of Parent/				Date:	 			
		Fo	r official use	only				
Date of interview: _	·		Date	of Admissi	on:			
Scores:								
Administrator's sign								
Candidate's Name (E	xamination S	lip				
Serial Number:	Sumaine mse,	·		Δ σε·				
Examination Date:				_				
Examination Date.			_ Candidate 5 sigi	iatuic				