



## Admission Application Form

App Ref \_\_\_\_\_  
 Date Captured \_\_\_\_\_

This form should be completed and signed by the student's parent or guardian. The information and documents collected will be kept confidential and will be shared only with members of staff involved in the admission process.

*Please complete the form in CAPITAL LETTERS in blue or black ink.*

### SECTION A – STUDENT INFORMATION

Last Name	First Name	Middle Name
Date of Birth (DD/MM/YYYY)	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Nationality
		Current Grade
Number of siblings <input style="width: 40px;" type="text"/>	Ages <input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Child's Residential Address		

Please provide details of the previous schools attended below (last five schools)

Name of School	From (MM/YYYY)	To (MM/YYYY)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Does the student require or receive a specialized education program or learning support?

Yes  No

If Yes, please provide details and pertinent documentation.



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### SECTION B – MEDICAL INFORMATION

Does your child suffer from any of the following conditions? (Please tick)

Asthma Yes

No

Diabetes Yes

No

Epilepsy Yes

No

Heart Disorder Yes

No

Any chronic illness Yes

No

Other \_\_\_\_\_

If you indicated yes to any of the above conditions, please give details.

Has your child been immunized against the following?

DPT Yes

No

OPV Yes

No

MMR Yes

No

Does your child suffer from allergies? Yes

No

If yes, please give details of the type of allergy or allergies.

Doctor's Name

Telephone (Work)

Mobile Number

Clinic's physical address

Preferred Hospital



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### SECTION C – PARENTS/ GUARDIAN INFORMATION

(Where the student lives with guardians please fill in the indicated slot.)

<b>Father's Name</b> (Last Name)	First Name	Middle Name
Occupation	Employer	
Email address	Mobile Number	
Postal Address	City/Town	
<b>Mother's Name</b> (Last Name)	First Name	Middle Name
Occupation	Employer	
Email address	Mobile Number	
Postal Address	City/Town	
<b>Guardian 1</b> (Last name)	First Name	Middle Name
Occupation	Employer	
Email Address	Mobile Number	
Postal Address	City/Town	
Relationship to the child		
<b>Guardian 2</b> (Last name)	First Name	Middle Name
Occupation	Employer	
Email Address	Mobile Number	
Postal Address	City/Town	
Relationship to the child		
The child lives with: Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/>		
Guardian/s <input type="checkbox"/>		
<i>Where applicable please provide custody documents.</i>		



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Invoice should be sent to:		
Email Address	Mobile Number	
Please provide a map of the child's residential address		
Details of alternate emergency contact		
Person's Name		
Telephone (Work)	Mobile	Email address

#### SECTION D – ADDITIONAL INFORMATION

Any other information you would like to bring to the attention of the school

**By signing this form, you acknowledge that you have read and understood the school's admission policy and that you will adhere to it. (Both parents must sign where a student lives with both parents)**

\_\_\_\_\_  
**Father**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mother**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Or

\_\_\_\_\_  
**Guardian 1**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian 2**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Note: Potterhouse School reserves the right of admission.**