

JABALI CHRISTIAN SCHOOLS REGISTRATION FORM

CHILD'S PARTICULARS			
DATE OF APPLICATION			
Child's full name			
Gender			
Date of Birth			
Nationality			
Estate and House Number			
Siblings and ages if any.			
House Telephone			
Health Problems requiring special attention / allergies			
Admission required for		CLASS-	YEAR-
Previous school		TERM-	
Family Hospital in case of Emergency/Family Doctor			
Medical Cover & membership no.		NO.	
PARENTS'/GUARDIAN'S PARTICULARS			
Father			
Full Name			
Employer			
Email address			
Office Telephone number			
Mobile phone number			
ICC Membership Number (if any)			
Mother			
Full Name			
Employer			
Email			
Office Telephone number			
Mobile phone number			
ICC Membership number (if any)			
ANY OTHER NECESSARY INFORMATION			
Next of kin/guardian in the absence of parents			
Full Name			
Relationship with child			
Email			
Office Telephone number			
Mobile phone number			
Parents'/Guardian's Signature			