



GEM PECULIAR SCHOOL NURSERY & PRIMARY ADMISSION FORM

Please complete in **BLOCK LETTERS** and tick the relevant boxes

CHILD'S DETAILS

First Name M. Name Surname

Date of Birth Male Female Nationality

Address

Most recent school attended

School Contact Number Last Grade Completed

ENROLLMENT INFO

Please select the Grade of which you are seeking admission for your Child below

Crèche (0-2 years) Playgroup (2-3 years) Nursery (3-5 years)

Primary (5-10 years)

Medical conditions (Child), if any (e.g. Allergies)

Does your child wear glasses? Desired Date of Entry

To whom should Invoices for fees be addressed to?

PARENT/GUARDIAN DETAILS

First Entry

Title **First Name** **Surname**

Relationship to child **Email Address**

Mobile Numbers

Nationality **Occupation**

Organization Name

Work Address

Work Phone Number

Second Entry

Title **First Name** **Surname**

Relationship to child **Email Address**

Mobile Numbers

Nationality **Occupation**

Organization Name

Work Address

Work Phone Number

Declaration by Parent/Guardian

I declare that the information I have given on this form is correct.

Title **Full Name**

Date **Signature**

OFFICIAL USE ONLY

Registration No. **Registration Fee Paid** **Date**

Interview / Test Date & Time **Result**

Class Offered **Accepted**

BURSAR INVOICE

RECEIPT

DEPOSIT PAID

DATE