



Crèche • Montessori Pre-School • Primary

HERITAGE HOUSE SCHOOL

ENTRY FORM INTO HERITAGE HOUSE SCHOOL

(To be completed and returned to the Head of School)

Session: 20_____ / 20_____

Date of Application: _____ Class Applying for: _____

Insert recent
photo here

THIS FORM DOES NOT GUARANTEE ADMISSION

Applicants for places in Heritage House School, who are **NOT** either the Father of the child (or children) they are enrolling **MUST** delete the word PARENT and insert their own status in regard to that child (or children) e.g **UNCLE, COUSIN**.

This form must be accompanied by:

- Four recent passport photographs of the child.
- Original (for sighting only) and photocopy of the child's birth certificate.
- Last result of former school (where applicable).
- Original (for sighting only) and photocopy of the child's immunization records.

APPLICANT'S INFORMATION

Child's Name (SURNAME): _____

Other's Name (FIRST): _____ (MIDDLE) _____

Date of Birth (dd/mm/yy): _____ Sex: _____ First Language of Child: _____

Nationality: _____ State of Origin _____

Year /Term desire to start _____

Name of last school(s) attended with dates: _____

School Address: _____

School Telephone: _____ Principal/ Head Teacher: _____

Has the applicant ever been referred to any one for academic evaluation, testing, tutoring, etc.?

Yes No If yes, give date and reason. Date: _____

Reason: _____

PARENTS / GUARDIAN INFORMATION

Father's Name: (SURNAME) _____ (OTHER NAMES) _____

Nationality: _____ Occupation: _____

How would you like to be addressed? Mr & Mrs/ Mrs / Mr / Dr. / Chief / Pastor / Others: _____

Residential Address: _____

Office Name & Address: _____

Phone Number Office (Landline): _____ G.S.M.: _____

Mother's Name: (SURNAME) _____ (OTHER NAMES) _____

Nationality: _____ Occupation: _____

Residential Address: _____

Office Name & Address: _____

E-mail Address: _____

Phone Number Office (Landline): _____ G.S.M.: _____

Home (Landline): _____ G.S.M.: _____

Child live with Both parents Father Mother Other: _____

Tick any that apply: Father is deceased Parents are divorced

Mother is deceased Parents are separated

Name and Address (Where applicable) of:

Guardian: _____

Occupation: _____

Phone Number Office (Landline): _____ G.S.M.: _____

Home (Landline): _____ G.S.M.: _____

Parents / Guardian: Please explain why you wish to enrol this child in Heritage House School

ADDITIONAL FAMILY INFORMATION

Number of Siblings: _____ Age of Siblings (Brother(s)): _____

Sister(s): _____ Position of child in the family: _____

MEDICAL INFORMATION

Family Doctor: _____ Doctor Tel No: _____

Doctor's Address: _____

Any dietary Restriction / Allergies: _____

Immunization details: Measles / Mumps / Rubella (MMR) Polio Tetanus

Diphtheria Whooping Cough BCG

Does your child suffer from any of these? Epilepsy Seizures Asthma

Any other information: _____

I give permission for my child to be given medication by the staff as instructed at times of illness:

Yes No

I give permission for my child to be taken to hospital in case of emergency: Yes No

I/We jointly and severally agree to abide by the conditions and rules in the conditions of admission overleaf and in the prospectus and policies of the school.

I/ We accept that under this agreement, we are liable for all school fees and extra, including interest incurred.

Signature: Mother:

Father:

Date:

Date:

Name of Organization or person responsible for paying school fees:

NB: This form must be signed by BOTH parents or legal Guardians of the child.