



REGISTRATION FORM

PERSONAL INFORMATION:

SURNAME: _____ **MALE****FEMALE.....**

CHRISTAIN NAMES/FORENAMES: _____

DATE OF BIRTH: _____ **AGE:** _____

NATIONALITY: _____

RELIGIOUS AFFILIATION: _____

PARENTS OR GUARDIANS:

FATHER/GUARDIAN:

MOTHER/GUARDIAN:

SURNAME: _____

CHRISTAN NAMES: _____

OCCUPATION: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

GROUND 'PHONES: _____ **FAX** _____

MOBILE 'PHONES: _____

E – MAIL: _____

SCHOOL HISTORY: List the past three schools where you attended.

	<u>NAME OF SCHOOL</u>	<u>HEAD</u>	<u>DATES (From/To)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

You must submit academic records with letter of character recommendation from your last school.

LEVEL OF ADMISSION: Please circle the Level at which you wish to enter.

	UPPER				
FORM 1		FORM 2	FORM 3	FORM 4	FORM 5
	LOWER				

SIGNATURE:

- I/We the undersigned clearly understand that upon signing and returning this form and sending in the non – refundable registration fee of MK1000 per child that the Academy will consider my/our son/daughter for admission to the Academy based on their satisfying the admissions requirements including passing the tests and interviews.
- I/We accept that the completion of this form and the payment of the registration fee do **not guarantee** a place in the Academy.

SIGNED:

FATHER/GUARDIAN: _____ **DATE:** _____

MOTHER/ GUARDIAN: _____ **DATE:** _____

This completed registration form non-refundable MK 1000 fee per child must be submitted on the entrance examination date to:

**Academic Registrar
Kalibu Academy**