

STUDENT REGISTRATION FORM

Registration Date:

dd/mm/yyyy

Student's Personal Information

First Name:

Last Name:

Birth Date:

dd/mm/yyyy

Gender:

Select...



Nationality:

Mother Tongue:

Student's SDMS Code:

Previous School:

Previous School Location:

Previous Class:

Class of Admission:

Parents / Guardian's Information

Father's Information

Father's Full Name:

Father's Phone Number:

Father's National ID/Passport:

Father's Email Address:

Father Alive?

Yes

No

Mother's Information

Mother's Full Name:

Mother's Phone Number:

Mother's National ID/Passport:

Mother's Email Address:

Mother Alive?

Yes

No

Parent's Marital Status

Married

Single

Divorced

Student's Current Residence

Country:

Sector:

City:

Cell:

District:

Village:

Emergency Contact Person

Full Name:

Phone Number:

Email Address:

Relationship to Student:

Physician and Medical Information

Insurance / Health Coverage (Company):

Please list any: Current medications, medication allergies, Food allergies, chronic health concerns.

Additional Information

Physical handicaps (If any):

Sports preferences such as football, swimming, volleyball, etc. (If any):

Religion:

Talents or any other personal skills such as Dancing, Karate, comedy, Playing musical instruments etc.:

Please inform the office of any other vital information you think they may need to know in the event of an emergency: