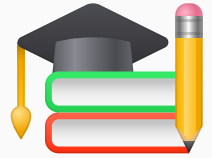




CREAM LAND ACADEMY

Phone: +250786054747, +250783551793, +250788656338, +250781376893

Email: cremlandacademy12@gmail.com | Website: www.creamlandacademy.com



Student's Registration Form For The School Year 2026/2027

Personal Information

Sibling ID Number If any: Gender Male: Female:

Last Name: First Name:

Birth Date: Place of Birth (Sector)

City: Country: Nationality:

Date of Birth:

Gender: Male Female Other

Father's Names: Father's Phone:

Father's ID: Father Alive? Yes No

Mother's Names: Mother's Phone:

Mother's ID Mother Alive? Yes No

Marital Status of Parents: Single Married Divorced Never Married

Parents' / Guardian's Residences

City: District: Cell:

Village: Mother Tongue:

Sports: e.g. Football, Volleball, etc.

Disabilities if any:

Special Disease if any:

Other Relevant Information:

Parental Relationship

Contact Person's Name:

Relationship to student: Parent: Guardian: Sibling:

Email Address: Phone Number:

Class Applying to: New to this Class? YES NO

Previous School Name: Previous School Location:

Attachment Files

Report Card (s) YES NO

Passport Photo: YES NO

Birth Certificate: YES NO

I hereby confirm that the information provided is accurate and complete. I agree to follow the rules and regulations of this registration process.

Parent's Full Name: Signature:

For the Official use only

This Registration is received by:

Name: Signature:

Registration Date:

REQUIREMENTS

SCAN THIS

You can apply for your child by using online form. Scan the QR Code below to start.

