



FORD SCHOOLS LIMITED

APPLICATION FORM

Affix
Passport
Picture

WARD INFORMATION

Name: / /
(Surname) (First Name) (Other Names)

Date of Birth: Nationality: Sex:

Languages Spoken: Class/Form:

Mother's Tongue:

Religion:..... Denomination:

Home Town: Region:

Ward Lives With: Both Parents: Mother: Father: Other.....

No of Children Living in the Home: Older: Younger:

Postal Address

Ward's Mobile Contact: (If any)

Residential Address:

E-mail Address:

Emergency Contact:

Summary of Medical Condition:

Blood Type: Special Disability:.....

(This information shall be kept confidential)

Emergency Medical Contact:

Previous School(s) Attended:

Name of School:.....
Location of School.....
Start Date: End Date:

Name of School:
Location.....
Start Date: End Date:

FAMILY INFORMATION

Father's Name:
Postal Address:
Residential Address:
Telephone: E-mail Address:.....
Occupation:
Work Place: Address/Location:
Religion:..... Father: Alive Dead

Mother's Name:
Postal Address:
Residential Address:
Telephone: E-mail Address:.....
Occupation:
Work Place: Address/Location:
Religion:..... Mother: Alive Dead

DECLARATION

I,, declare that I am the parent/guardian of the child whose name is written above and that I am responsible for the payment of his/her fees and any other charges from the date of enrolment. I agree to abide by all regulations of the school and any other regulation that may be agreed upon by management during the course of the child's stay in the school.

Signature

Date:

OFFICE USE ONLY

Date of Submission: Classification:

Submitted By: (Mother /Father/Guardian)

Received By:

Date:.....

Remarks:

Signature:

Hard Work and Determination