

WISE OWL HIGH SCHOOL

YEAR..... LEVEL:..... RECEIPT NO:.....

SECTION A : STUDENT INFORMATION

SURNAME :

FIRST NAME (S):

DATE OF BIRTH: NATIONALITY.....

GENDER:.....

RELIGION.....

PREVIOUS SCHOOL.....

MODE OF ENTRY (BOARDER/DAY).....

CO-CURRICULAR ACTIVITIES

SPORTS:.....

CLUBS:.....

SECTION B : MEDICAL INFORMATION.

FAMILY DOCTOR :

MEDICAL AID PROVIDERS & No :

KNOWN HEALTH PROBLEMS

.....

.....

KNOWN ALLERGIES :

DIET : Are there any food your child does not take (if so, please state below)

.....

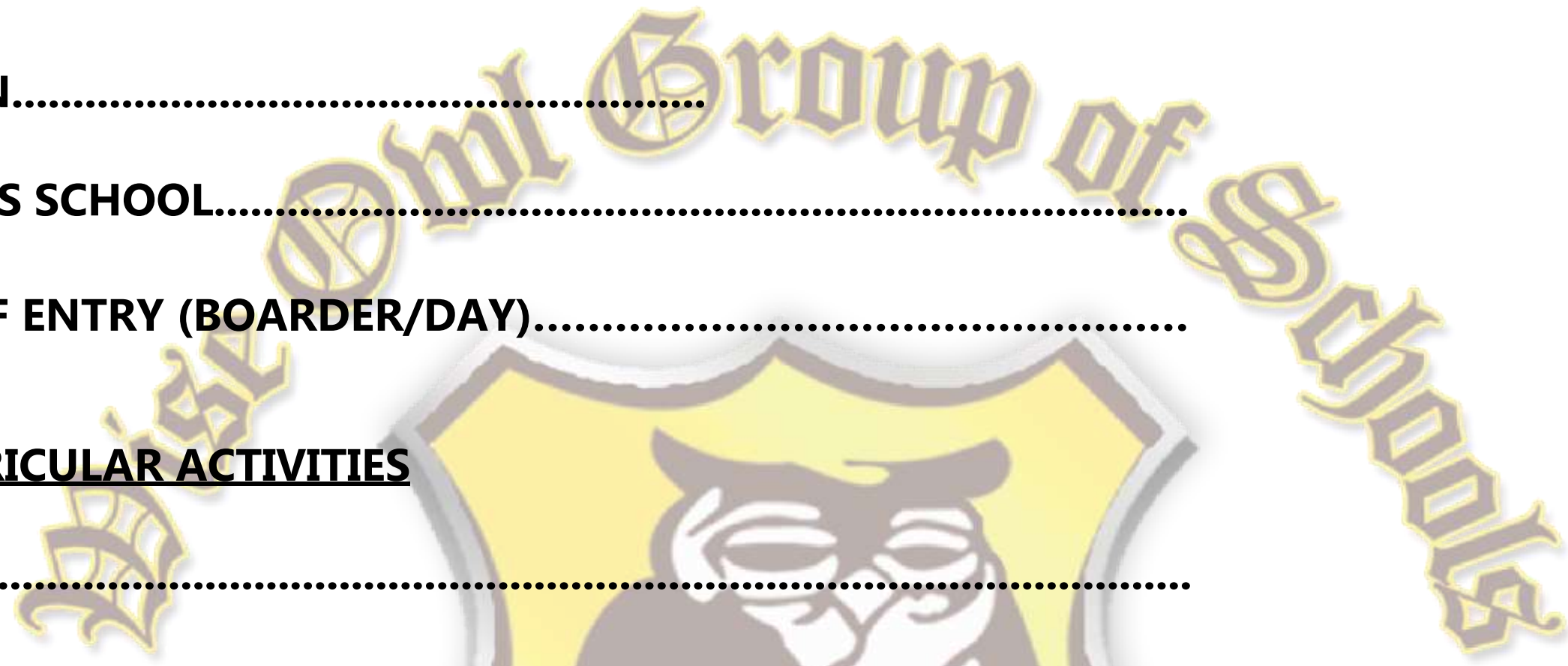
SECTION C : PARENT / GUARDIAN INFORMATION

NAME OF GUARDIAN IN FULL:

MOTHER'S NAME IN FULL :

ID NUMBER : CELL :

RESIDENTIAL ADDRESS :



REGISTRATION FORM

WISE OWL HIGH SCHOOL

EMAIL ADDRESS : OCCUPATION :

COMPANY NAME & ADDRESS :

TELEPHONE :

FATHER'S NAME IN FULL :

ID NUMBER : CELL :

RESIDENTIAL ADDRESS :

EMAIL ADDRESS : OCCUPATION :

COMPANY NAME & ADDRESS ;

TELEPHONE :

NAMES OF VISITORS TO COLLECT THE CHILD :

1.

ID NUMBER : CELL :

2.

ID NUMBER : CELL :

3.

ID NUMBER : CELL:

4.

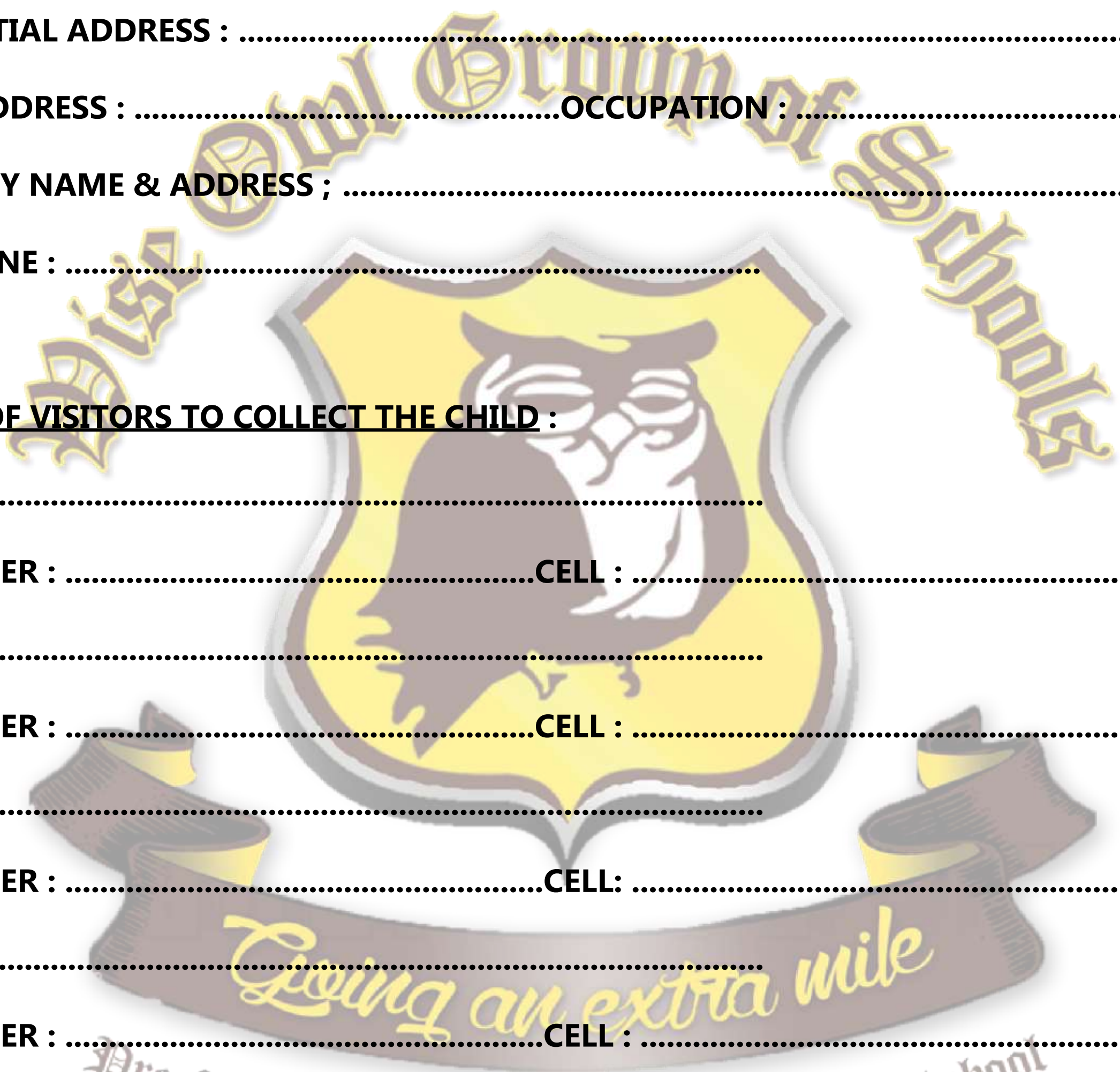
ID NUMBER : CELL :

Pre School | Primary School | High School

DECLARATION BY PARENT / GUARDIAN

SIGNATURE OF PARENT / GUARDIAN :

DATE :



REGISTRATION FORM