

TOWER OF GRACE ACADEMY



Child's passport
picture

ENROLLMENT FORM

1. Name of the child in this order(Surname , middle name and First name if applicable)	
Surname:	Middle name:
First name:	Place of Birth:
2. Gender (Male or Female) Date of birth (Day, Month and Year):	
3. Class seeking for enrollment (crèche, nursery, KG or Primary):	
4. If taking a transfer, the name of the last school attended:	
5. Religion and denomination:	
6. Place of Residence:	
7. Names of parents and contact numbers	
Father:	Contact Number:
Mother:	Contact Number:
8. Language (s) of the parents:	
9. Name of Guardian:	
10. Occupation of Guardian:	
11. Address and contact number(s) of Guardian	
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12. WhatsApp number of Guardian if available:
13. Contact number(s) in case of emergency:
14. Medical Information Allergies: Medical Problems: We require photocopies of your child's recent immunization record and health insurance card in our files.
I attest to the truth of all that I have indicated here and further attest to have read the content of Tower of Grace Academy Policy and agree to respect it at all times. 15. Name: Signature:
16. Date: