

KING MEMORIAL KINDERGARTEN KUMBA
APPLICATION FORM FOR ADMISSION- NURSERY

This form can only be completed by a guardian of the pupil who wishes to enroll into **King Memorial Kindergarten, Alaska Street, P.O. Box 50 Kumba.**

- a) Name of child as written in the Birth Certificate.

b) Date of Birth _____ Place _____

c) Age _____ Sex _____

- a) Names of Parents: (i) Father _____
(ii) Mother _____

b) Residence/Address/Phone Number of contact in case of emergency.

- Answer YES or No to the questions below:

- Will your child be three years by December? _____
- Can he or she count from 1 to 10? _____
- Can he/she draw simple pictures _____
- Can he/she go to the bathroom alone? _____

SCORE:

- Are you aware of anything or foods your child is allergic to? _____
If yes, name them. _____
- In case he/she develops a temperature in school what First Aid medication can be given?

- Read through the rules and regulations of this school and sign if you and your kid can abide to them.
- Bring the child for interview on _____ of _____ with his/her current report, 2 passport size photographs, photocopy of Birth Certificate, in a wallet file jacket.

ACCEPTANCE SLIP

I _____

parent/guardian of _____ have filled this form. I have read through the Rules and Regulations of this school and agree to abide by them. All the information given is true and I also accept to pay a non-refundable part fee of 40,000frs _____ (Latest date of payment)

Signature of Parent

Date

H/T's Signature
