

MARTIN LUTHER KING ACADEMY KUMBA

APPLICATION FORM FOR ADMISSION.

This form can only be completed by a student who wishes to enrol into **Martin Luther King Academy Kumba.**

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

b) Date of Birth _____ Place of Birth _____

c) Age _____ Sex _____

2. a) Names of Parents: (i) Father _____

(ii) Mother _____

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

3. a) Name of last school attended _____

b) Name of your Head teacher _____

c) Where do you live in Kumba? _____

In the space provided, draw a small direction to your home from a named main street.

4. Are you aware of anything or foods you are allergic to? If YES, name them.

5. In case you develop temperature in school what First Aid medication can be given?

6. Have you ever been operated upon? _____

If Yes, When _____ and where _____

7. Name some of the subjects that you studied in the Primary School:

a) _____ b) _____

c) _____ d) _____

e) _____ f) _____

g) _____ h) _____

i) _____ j) _____

(DO NOT WRITE HERE)↓

FOR EXAMINER ONLY

Composure

Oral expression

Maths

English

Total

Date: _____

Name of Examiner