

REGISTRATION FORM

LWAHO MIXED SECONDARY SCHOOL ADMISSION FORM

Name :	Date of Birth :
Address 1 :	Address 2 :
City :	Phone Number : <input type="checkbox"/> Home <input type="checkbox"/> Cell

CONTACT DETAILS

E-mail :	Business Name :
Father's Name :	Mother's Name :
Other 1 :	Other 2 :

OTHER INFORMATIONS

Start Date	End Date	Time
Annual Payment	\$	
Total Annual Payment	\$	

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Full Name :	Paid Via :
Date	Signature