

ENROLLEMENT FORM

Date:	<input type="text"/>	Reg.No.	<input type="text"/>
Name of the Child:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>First Name</i>	<i>Middle Name</i>	<i>Surname</i>
Date of Birth:	<input type="text"/>		
Father/Guardian Name:	<input type="text"/>		
Father/Guardian Occupation:	<input type="text"/>		
Name of Mother:	<input type="text"/>		
Residential Address:			
Ward:	<input type="text"/>		
Road/Street:	<input type="text"/>		
Nearest Landmark:	<input type="text"/>		
Telephone Contacts:			
Father/Guardian:	<input type="text"/>		
Mother:	<input type="text"/>		
Others:	<input type="text"/>	<i>Specify Relation</i>	<input type="text"/>
Child allergy:	<input type="text"/>		
Child special need:	<input type="text"/>		
Nursery:	<input type="text"/>	Primary	<input type="text"/>
		Grade	<input type="text"/>
School Bus Transport:	Required:	<input type="text"/>	Not Required: <input type="text"/>
Parent/Guardian Signature:	<input type="text"/>		
FOR OFFICIAL USE ONLY:			
Fee Rate:	Normal	<input type="text"/>	Special Discount % <input type="text"/>
Reasons for discount	<input type="text"/>		
Class Assigned:	<input type="text"/>	Class Teacher:	<input type="text"/>
		Contact Phone:	<input type="text"/>
Initial Payment	Tsh: <input type="text"/>	Bus Route:	<input type="text"/>
Registration By:	Name: <input type="text"/>	Signature:	<input type="text"/>
	Headteacher		<input type="text"/>