

DUNROBIN CHRISTIAN ACADEMY
APPLICATION ENTRY FORM (Complete in Block Capitals)

Date of Application:
mm/dd/yyyy

Child's Information

Surname:

Christian: Middle:

Gender: ☐ Male: ☐ Female:

Date of Birth:

Parish of Birth:

Home Address:

Telephone Number:

Has the child attended school before?

Yes: ☐ No: ☐

Last School attended:

The child attended for: Yrs: Mths:

No. of Brothers: No. of Sisters:

Names of Brothers and Sisters or other relatives at this school:

1)

2)

3)

Mother's Information:

Surname: Christian:

Occupation:

Marital Status: : Married ☐ Divorced ☐

Widowed ☐ Single ☐

Home Address:

Tel. Num: Home Cell:

Place of Work:

Address:

Work#

Religion:

Name of Church:

TRN #: Email:

Father's Information:

Surname: Christian:

Occupation:

Marital Status: : Married ☐ Divorced ☐

Widowed ☐ Single ☐

Home Address:

Tel. Num: Home Cell

Place of Work:

Address:

Religion Work#

Name of Church:

TRN #: Email:



Guardian's Information:

Surname: Christian:

Occupation:

Marital Status: : Married ☐ Divorced ☐

Widowed ☐ Single ☐

Home Address:

Tel. Num: Home Cell:

Place of Work:

Address:

Work#

Religion:

Name of Church:

TRN #: Email:

Person to contact in case of emergency:
If Parent or Guardian cannot be reached

Name: Tel:

Address:

Child's Health Information:

Tick which of the following conditions the child suffers from:

Eye: ☐ Ear: ☐ Heart: ☐ Epilepsy ☐

Nervous Stomach: ☐ Asthma: ☐ Migraine: ☐

Headache ☐ Allergies ☐ Sickle Cell: ☐

Others:

Mentally or Physically Challenged? Yes: ☐ No: ☐

Explain:

NOTE: This form must be accompanied by the following:

- Child's original Birth Certificate
- Immunization card
- Two Passport size photos
- Non- Refundable registration fee of \$2000
- Copy of last school report

Recommended by:

Name of Parent:

Name of child:

I the undersigned do declare that the information given in this application is correct to the best of my knowledge and belief.

Name:

Signature: