GRACE BROOK ACADEMY

gracebrookacademy@gmail.com

0712-951973

ADMISSION FORM

Name of the studen	t:		
First name:	Surname:	last Name:	
Gender:			
Male: Fem	ale:		
Date of birth (Attac	h copy of birth certificate)		
Date:	Month: Year:		
Age:	Birth Certificate No:		
Previous schools att	ended if any:		
What class was the s	student:		
Class being admitted	d to:		

PARENTS / GUARDIANS DETAILS

(ATTACH ID /PASSPORT COPY)

Fathers' details
Name:
Occupation:
Place of work:
Postal address (personal):
Personal phone number:
Office phone number:
Email address:
Mothers' details
Name:
Occupation (if any):
Place of work:
Postal address (personal):

Personal phone number:
Office phone number:
Email address:
Guardians' details
Name:
Occupation (if any):
Place of work:
Postal address (personal):
Personal phone number:
Office phone number:
Email address:

Taekwondo	
Ballet	
Skating	
Piano	
Drums	
Guitar	
Violin	
Clarinet	
Flute	
Saxophone	

What Foreign Language will your child take? (Pick One)

French	
Mandarin	
German	

STUDENTS HEALTH DETAILS

Any allergies (specify):	
Any disabilities	
(Specify):	

TERMS AND CONDITIONS

All admission forms must be submitted signed and attached with a copy of the students' birth
Certificate, Immunization card and parents identity card/passport.
Parents signature: Date:
OFFICIAL USE ONLY
Date of enrollment:
Admitted to:
Approved by: