



Student Application Form

THIS FORM MUST BE COMPLETED BY A PARENT
OR LEGAL GUARDIAN IN BLOCK LETTERS.

Kindly ensure that the following documentation accompanies each student application:

- Copy of birth certificate Previous school report card
 School leaving certificates 3 passport sized photographs

Section A - Student Information					
FIRST NAME		MIDDLE NAME		LAST NAME	
AGE		GENDER		NATIONALITY	
DATE OF BIRTH		PLACE OF BIRTH			
PREVIOUS SCHOOL(S) ATTENDED				CLASS/GRADE COMPLETED	
Section B - Parent's Details					
FATHER'S NAME			MOTHER'S NAME		
NATIONALITY			NATIONALITY		
PROFESSION			PROFESSION		
WORK ADDRESS			WORK ADDRESS		
CONTACT NUMBERS			CONTACT NUMBERS		
RESIDENTIAL ADDRESS			RESIDENTIAL ADDRESS		
EMAIL			EMAIL		
Section C - Legal Guardian Details (if applicable)					
GUARDIAN'S NAME			NATIONALITY		
PROFESSION			WORK ADDRESS		
CONTACT NUMBERS			RESIDENTIAL ADDRESS		
EMAIL			RELATIONSHIP TO THE APPLICANT		



Section D - Siblings			
NAME	AGE	GRADE	SCHOOL

Section E - Emergency Contact		
NAME	CONTACT	RELATIONSHIP TO THE APPLICANT

Section F - Living Arrangements		
NAME	CONTACT	RELATIONSHIP TO THE APPLICANT

Section G - Declaration

I declare that the information provided on this application is correct and complete. It has been discussed with all those with parental responsibility for the child. I understand that any school placement offered on the basis of fraudulent or intentionally misleading information may be withdrawn.

Name: _____

Signature: _____ Date: _____

Section H - Entrance Test Information

Acceptance of this form is not a commitment to a student's admission; all applicants are required to appear for an entrance assessment after which placement at The Apton School will be determined. There are no special preparations required for the assessment.

Student Medical Form

Student's Name: _____ Blood Type: _____

A: Immunisation Record (Tick or cross where applicable.)

- | | | | |
|-------------------------------|-----------------------------|-------------------------------|-----------------------------------|
| <input type="radio"/> Polio | <input type="radio"/> BCG | <input type="radio"/> DPT | <input type="radio"/> Hepatitis A |
| <input type="radio"/> Measles | <input type="radio"/> Mumps | <input type="radio"/> Rubella | <input type="radio"/> Hepatitis B |
| | | | <input type="radio"/> |

Additional immunisation if any: _____

Most recent Tetanus date: _____

B: Medical History

Family Doctor/Therapist: _____

Practicing at: _____

Contact #: _____ Email: _____

Does the child have	Yes	No	Explain if yes / medication
Allergies			
Asthma			
Heart conditions			
Epilepsy			
Visual challenges			
Auditory challenges			
Speech challenges			
Developmental or learning challenges, including dyslexia, ADHD, ASD, or other			

C: Other

Describe any important health-related information we should know about your child:

Is your child undergoing any treatment? If yes, please elaborate.