

Please stick a recent photo of the parent here



Please stick a recent photo of the student here

ADMISSION FORM

(NOTE: PLEASE USE ONLY CAPITAL LETTERS TO FILL IN THIS FORM)

Student's Name:

(First

Middle

Last)

Date of Birth (E.C) _____ Gregorian _____

Address _____

Student's Mobile No. _____

Email Address: _____

Permanent Address (if different from the above) _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Parent's Mobile No. _____

Student's Mother Tongue _____

Other languages _____

Ethnicity _____ Religion _____

Do you have a birth certificate? Yes No

General Behaviour: Mild Normal Hypersensitive

Please mention, in brief, if there is any history of previous illness, allergy or physical/psychological illness

Do you know someone at Pharo School Homosha (friend and relative)?

If yes, please write her/his name here _____

Previous School _____ Current Grade at PSH _____

Emergency Contact information other than parents:

Name of the Person _____

Relation to the student _____

Mobile No. _____

Email Address _____

Photo and Videos for Website, Media and Marketing Purposes

From time to time, we take videos and photos of school and students for marketing and publication purposes. These photos and videos will only be used for school and Foundation. We seek your permission if you are happy with your child's photo to be used for the website, media and marketing purposes?

I give permission

I do not give permission

Relation to the student _____ **Mobile No.** _____

IMPORTANT STATEMENT

I declare that all the answers to this form are complete and accurate to the best of my knowledge including the information on the academic and personal background. Any falsehood knowingly provided may result in forfeiture of the admission.

Signature of parent/guardian _____ **Date** _____

For Official Use Only

Primary Certificate Checked? _____

Photo ID Checked? _____

Date _____ Academic Year _____

Grade _____ Term _____

Admission No. _____

The authorised person who checked the documents and this form:

Name _____ Signature _____ Date _____