



## ADMISSION FORM

**I. Level choice**a. O'Level b. Upper Level  Trades of preference: 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_  
3<sup>rd</sup> \_\_\_\_\_**II. Student's Personal Identification Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Boarding/Day scholar: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Id/Passport \_\_\_\_\_ Insurance \_\_\_\_\_  
 Province: \_\_\_\_\_ District: \_\_\_\_\_ Sector \_\_\_\_\_ Cell: \_\_\_\_\_  
 Nationality.....

**III. Parents identification**

Father's Name: \_\_\_\_\_ Mather: \_\_\_\_\_  
 ID/Passport No: \_\_\_\_\_ ID No/Passport No: \_\_\_\_\_  
 Occupation \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Place of work: \_\_\_\_\_ Place of work: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

**IV. Guardian's identification**

Guardian's Names: \_\_\_\_\_ ID /Passport No: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Province \_\_\_\_\_ :District: \_\_\_\_\_  
 Sector \_\_\_\_\_ Cell: \_\_\_\_\_

**V. Previous Schools Attended**

Name and address:	From	To	Level Attained	Result obtained/Certificates
Primary:				
Secondary				
Special course or Internship:				

**N.B.:** Please attach on this form the copies of: - Certificates and report which show the results acquired  
- Medical certificate

**VI. Declaration**

I \_\_\_\_\_, as a parent/guardian of  
 \_\_\_\_\_ engage myself and declare total responsibility for the  
 Payment of his/her school fees and other costs that may appear from time to time during the period  
 of his/her training.

Names: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_