

Class ____ S/M/P

Admission No: _____

2345 SUVA MUSLIM PRIMARY SCHOOL
APPLICATION FOR ADMISSION
YEAR 2-8

All applicants should comply with the following Terms and Conditions of Suva Muslim Primary School.

Declaration by Parents/Guardians:

I, _____ Parent/Guardian of _____ undertake to:

1. Abide by all rules of the school. Attached pls. find the copy of school rules.
2. Give consent to my child to participate in all school based activities.
3. Ensure regular attendance of my child. In case of absence I will inform the class teacher verbally or by leave letter.
4. In case the child becomes sick in school, I agree to come and pick my child.
5. **It is compulsory for all Muslim children to undertake Arabic, Islamiat and Urdu lessons.**
6. Seek permission from the office first before liaising with the class teacher.
7. I agree to abide by all rules and regulations of the school which have been laid down by the management from time to time.
8. I undertake to pay or replace for any cost or any damage done to school property including text books by my child.
9. If in the opinion of the Head Teacher the conduct of my child is inappropriate or in an event the school rule is breached I agree that the Head Teacher can use his/her discretion to implement any disciplinary measures.

Parent/Guardian Name

Signature

Date

Requirements:

- | | |
|-------------------------------|------------------------|
| 1. Original Birth Certificate | 4. 1 Manila Folder |
| 2. Medical Card | 5. Latest Exam Results |
| 3. Femis Clearance Letter | |

1. BASIC INFORMATION

First Name: _____
Date of Birth: _____
Citizenship: _____
Religion: _____

Other Name: _____ Surname: _____
Birth Reg No: _____ Class: _____
Passport No.: _____ Gender: _____
Name of last school attended: _____

2. PARENTAL DETAILS

FATHER

First Name: _____
Employed at: _____

Other Name: _____
Occupation: _____

Surname: _____
Phone No: _____

MOTHER

First Name: _____
Employed at: _____

Other Name: _____
Occupation: _____

Surname: _____
Phone No: _____

GUARDIAN

First Name: _____
Employed at: _____

Other Name: _____
Occupation: _____

Surname: _____
Phone No: _____

PARENT'S ADDRESS

RESIDENTIAL: _____

GUARDIAN'S ADDRESS

RESIDENTIAL: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Phone No: _____

Address: _____

3. Please indicate DISABILITIES for this child.

No disability : Yes/No

Hearing: Yes/No

Sight: Yes/No

Speech: Yes/No

Intellectual: Yes/No

Physical: Yes/No

Reading: Yes/No

Others: _____

4. OTHER INFORMATION**Student lives with:**

Parents: Yes/No

Guardian: Yes/No

Single Parent: Yes/No

Others: Yes/No

Main language spoken at home: _____

No of family members residing with: _____

Family doctor name: _____

No of family members working: _____

Student email:(if any) _____

Lights at home: Benzene/Electricity/Kerosene

Transportation: Bus/Private/Foot/Taxi/Mini Bus

5. CONSENTS(this covers for the whole year)

School Activities: Yes/No

Health Check: Yes/No

Dental: Yes/No

Sports: Yes/No

Excursion: Yes/No

Swimming: Yes/No

Had yearly dental/health check: Yes/No

6.Please list anyone authorized to pick up your child from school. It is not necessary to list yourself or your spouse on this form. This form will be kept on file in the office as reference for staff members involved in receiving or dismissing your child. Please inform the office promptly of any changes. Children will be released only to those you have been authorized in advance.

(Child's Name) _____ may be picked up by the following persons:

Name _____

Cell # _____

Name _____

Cell # _____

Name _____

Cell # _____

I, _____ parent/guardian of _____ year _____ give consent to my child for the activities indicated above. I also certify that all the information given above is true. I have read understood and will abide by school rules of Suva Muslim Primary School.

Signature_____
Date_____
Relationship***Please note all sections are to be fully completed.*****OFFICIAL USE:**

Date Received: _____

Status: Approved/Not Approved/Pending/Waiting list

COMMENTS: _____