

9580 SUVA MUSLIM KINDERGARTEN
2027 ENROLMENT FORM

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

Enrolment eligibility: Child born from 01/07/2021 to 30/06/2022.

Enrolment Requirements:

1. Original Birth Certificate.
2. Five Passport size photo to be provided after two weeks start of Term 1. (Photo to be taken in school uniform and not to be stapled to the form)
3. One A4 scrap book (60 pages) – Covered with child's name, subject (English / Maths) and year written on the cover of the book.
4. Childs shoes clearly labelled (written) with their proper name on the shoes.
5. A clean hand towel daily to use during snack time.
6. 2 Manilla files covered with name/year written and clipped.

ALL CORRESPONDENCE THROUGH THE OFFICE ONLY

1. BASIC INFORMATION

First Name: _____	Other Name: _____	Surname: _____
Date of Birth: _____	Birth Reg No: _____	Year: _____
Citizenship: _____	Ethnicity: _____	Gender: _____
Religion: _____		

2. PARENTAL DETAILS

FATHER

First Name: _____	Other Name: _____	Surname: _____
Employed at: _____	Occupation: _____	Phone No: _____

MOTHER

First Name: _____	Other Name: _____	Surname: _____
Employed at: _____	Occupation: _____	Phone No: _____

GUARDIAN

First Name: _____	Other Name: _____	Surname: _____
Employed at: _____	Occupation: _____	Phone No: _____

PARENTS ADDRESS**GUARDIANS ADDRESS****EMERGENCY CONTACT:**

Name: _____ Relationship: _____ Phone No: _____
Address: _____

3. Please indicate if your child is physically challenged..

Physically challenged: 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
New Student: Yes/No Repeater: Yes/No Boarder: Yes/No Religion: _____
Main language spoken at home: _____ No of family residing with: _____
Family doctor name: _____ No of family working: _____
Student email: _____
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 the names of persons 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 in file with the Kindy supervisor as reference for staff members involved in receiving or dismissing your child. Please inform the Kindy supervisor promptly of any changes. Children will be released only to those you have authorised in advanced.

Childs Name _____ may be picked up by the following persons:
Name _____ Phone Contact: _____
Name _____ Phone Contact: _____
Name _____ Phone Contact: _____

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.

Signature

Date

Relationship

OFFICIAL USE:

Date Received: _____

Status: Approved/Not Approved/Pending/Waiting List