

Education for life.

INFORMATION SCHEDULE

Full names and Surname of Child:																						
Date of Birth:	D	D	М	М	Υ	Υ	Υ	Y	,							Ag						
ID or Passport number:															Ge	nde	r:	М		F	=	
Home language:																						
Previous School Attended:																						
Sibling Name:																Ag						
Sibling Name:													S	ibl	ing	Ag	e:					
Sibling Name:		Sibling Age:																				
Sibling Name:													S	ibl	ing	Ag	e:					
Details:			М	oth	er's	/Gı	uar	dia	'n	s				F	ath	er's	/Gı	arc	diar	ı's		
Name:																						
Surname:																						
ID Number:																						
Physical Address:																						
B I A I I																						
Postal Address:																						
Tel Work:																						
Tel Home:																						
Cell Phone No:																						
E-mail:																						
Company name & position:																						
Marital Status:																						
How are you married?																						
Please tick:		1	n C	com	ımu	nity	/ 0	f Pr	or	oer	ty		Dut	of (Сог	ททเ	ınity	v of	Pro	pei	ty	
Religion:																				<u>' </u>		
<u> </u>																						
Copy of N	ledi	cal	Aic	l Ca	ard i	ncl	ud	ed:		Y	es				No	ot or	n a l	Me	dica	al ai	d:	
Copy of Child's Birth certificate included: Yes										Т	o fo	ollo	w:									
												•										



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PREFERRED PAYMENT METHOD

(Please select a preferred payment method, see Fee Schedule)

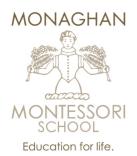
	12:30pm):	WITH AFTERCARE (until 5pm):						
I prefer to make payments:	' '			MONTHLY				
` ' ' -	TERMLY ANNUALLY	(Please tick your	option)	TERMLY ANNUALLY				
(Please tick your option)	MONTHLY TERMLY ANNUALLY							
(Please tick your option)	MONTHLY TERMLY ANNUALLY							
Parent/Guardian responsible for ac	count payment							
FULL NAMES:								
Phone Number: EMERGENCY CONTACT [
In case of an emergency, please i		arent should be cont	acted?					
1. 2.								
Emergency contact - other than p	arents:							
Name:		tionship:	Cell Num	1				





Reg No. 2018/538394/07





Name:

COLLECTION OF CHILD

Signature of Guardian: __

Peo	ple a	allowed	to col	lect your	Child,	other th	nan p	parents/	guard	ian:
									,	

Relationship:

Please note: *Parents/guardians and all request a form from the Soloaded for gate access and	chool Administrator if not	t a Monaghan Farm reside	nt), have their fingerprints
SPECIAL REQUEST			
Please indicate any special	I requests regarding the f	ollowing:	
Food (Also complete Healti	h Information Schedule):		
Medication (Also complete	Medication Schedule):		
Other:			

Cell Number:

Identity Number:





Date: