FURTHER WEST
- PRIMARY SCHOOL -

- GROWING BRIGHT MINDS ONE STEP AT A TIME -

School Enrollment Form

Student Information

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Age: _____

Gender: ☐ Male ☐ Female

Parent/Guardian Information

Guardian/Parent's Name: _____

Contact Number: _____

Email: _____

Emergency Contact (if parents are unreachable):
Name: _____ Relationship: _____
Phone Number: _____

Address

Home Address: _____

Health Information

Does the child have any medical conditions? ☐ Yes ☐ No
If yes, please specify: _____

Allergies (if any): _____

Enrollment Details

Grade Applying For: _____

Start Date: _____

Declaration
I hereby declare that the information provided is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____
Date: _____

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