



Belleville, St. Michael – (246) 243-7553 – www.saanma.com

A NON-REFUNDABLE REGISTRATION FEE OF \$50.00 IS PAYABLE ON APPLICATION

PLEASE PRINT ALL INFORMATION

SECTION A: CHILD'S INFORMATION			
SURNAME:		FIRST:	OTHER(S):
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>		DATE OF BIRTH (dd/mm/yyyy)	ID OR PASSPORT NO.:
DOES THE CHILD HAVE ANY PHYSICAL DISABILITY? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF YES, PLEASE SPECIFY:	
PLEASE LIST ANY ILLNESSES (INCLUDING CHRONIC ILLNESSES AND ALLERGIES):			
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
ADDRESS:			
HOME PHONE:	RELIGION:	REFERRED BY:	
EMAIL:			
PREVIOUS SCHOOL:		CLASS/FORM REQUESTED:	
SECTION B: MOTHER'S INFORMATION			
SURNAME:		FIRST:	OTHER(S)
ADDRESS (IF DIFFERENT FROM ABOVE):			
HOME PHONE:	CELL PHONE:	WORK PHONE:	Fax Number:
Email:			
OCCUPATION:		NATIONALITY:	RELIGION:

SECTION C: FATHER'S INFORMATION			
SURNAME:	FIRST:	OTHER(S)	
ADDRESS (IF DIFFERENT FROM ABOVE):			
HOME PHONE:	CELL PHONE:	WORK PHONE:	FAX NUMBER:
Email:			
OCCUPATION:	NATIONALITY:	RELIGION:	
SECTION D: GUARDIAN'S INFORMATION/OTHER EMERGENCY CONTACT			
SURNAME:	FIRST:	OTHER(S)	
ADDRESS (IF DIFFERENT FROM ABOVE):			
HOME PHONE:	CELL PHONE:	WORK PHONE:	FAX NUMBER:
Email:			
OCCUPATION:	NATIONALITY:	RELATIONSHIP:	
SECTION E: DOCTOR'S INFORMATION			
NAME OF DOCTOR:		TELEPHONE:	
IN CASE OF AN EMERGENCY, DO WE HAVE PERMISSION TO CALL YOUR CHILD'S DOCTOR? Yes <input type="checkbox"/> No <input type="checkbox"/>			
SECTION F: DECLARATION			
I certify that the facts stated above are correct. I also acknowledge that I will be responsible for, and will pay all school fees by the first week of each term unless otherwise directed by the head of the school or a representative appointed by them. In addition, I also agree to abide by all the regulations of the school and to give a term's notice (or a term's fee in absence of notice) before withdrawing my child from the school.			
_____ Signature of Parent/Guardian		_____ Date(dd/mm/yyyy)	