



AOG/BTG ENGLISH MEDIUM PRE SCHOOL

Plot 74 Matata, M200, Eswatini

Tel: (+268) 7821 1752 / 7979 1703

E-mail: info@aog-btgeccdcentre.com

ADMISSION FORM

PERSONAL DETAILS OF CHILD

Surname: _____ First Name: _____

Other names: _____ Date of birth: _____

Nationality: _____ Home language(s): _____

Sex: _____ Religion: _____ Entry Date: _____

Class applying for: _____ Postal address: _____

Residential address: _____

FAMILY DETAILS:

With whom does the child reside? _____

Is either of the child's parents deceased? _____ (if yes please specify)

With whom should the school communicate

with? _____ contact no. _____

PARENT/GUARDIAN INFORMATION

Surname: _____ Other names: _____

Place of work: _____ Phone no's: _____

Postal Address: _____

Cellphone no's: _____ Relationship to child: _____

MEDICAL PARTICULARS OF CHILD

Please give accurate information of the child's medical information in order for your child to be taken care of appropriately in case of emergency.

Does your child has any of the following? (Please tick on the appropriate box)

Diaphtheria

Whooping cough

Tetanus

Mumps

Tuberculosis

Typhoid

Measles

Poliomyelitis

Rubella

Small pox

Chicken pox

German measles

Asthma

Dysentery

Impetigo

Epilepsy

Malaria

Bilharzia

Heart disease

Febrile Convulsions

Other (please specify): _____

Has your child had any sight, hearing, or speech problems, other disability or allergy?

Any other physical, emotional or medical problems that could affect your child?



EMERGENCY

In the event of an EMERGENCY, who shall be contacted?

Name: _____

Tel. Home: _____ Work: _____

Cell: _____

I acknowledge that all information given in this form is accurate at the time of admission and any changes will be amended if they occur.

Applicant's signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Witness signature: _____ Date: _____

PERSONA RESPONSIBLE FOR PAYMENT OF FEES

Title: _____ Surname: _____

First names: _____

ID No. _____

Postal Address: _____

Place of Work: _____ Tel no: _____

Residential Address _____

Home Tel.no. _____ Cell: _____

NEXT OF KINS DETAILS:

Titles: _____ Surname _____

First names: _____

Work Tel: _____ Cell _____ Home tel: _____

I, _____ in my capacity as parent/guardian of
_____ hereby undertake and commit myself to
paying school fees and associated cost of the above named child at the beginning of
each term. Should the child for whatever reason leave AOG/BTG English Medium Pre
School before all fees and related const are paid, I undertake to clear all such
outstanding fees/costs. I also understand that once fees are paid, they are not
refundable.

Signature: _____ Date: _____

Witness: _____ Date: _____

