Oshikuku-Okalongo Road, Omagalanga; Contact: 0812318918: Email: kiddyszone.admin@gmail.com

# 2027 APPLICATION FORM

| | |
|---|---|
| **GRADE APPLIED FOR:** …… | **HOSTEL: YES** ☐ **NO** ☐ **(Mark with X on appropriate box)** |

## 1. Particulars of the child

| | | |
|---|---|---|
| Surname: | | First Name(s): |
| Date of Birth: | | Sex: |
| Nationality: | | Home Language: |
| Name of current school: | | Current School Telephone number: |
| Region: | Circuit: | |
| Number of siblings and Grade at Kiddys Zone (if any) | | |

## 2. **Parents Information**:(To be completed by one of the parents who will be responsible for the applicant)

Full name: ……

Relation to the applicant (Mother/Father/Guardian): ……

Residential Adress: ……

Tel.no.(Work): …… Cell no: ……Email address:……

## 3. **Health record**

| | |
|---|---|
| Family Doctor: | Tel.no |

**Is the child immunized against any of the following :(Circle Yes or No)**

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| | |
|---|---|
| Polio: Yes/No<br><br>BCG (vaccine for TB) YES/NO<br><br>DTP (Diphteria, Tetanus, Whooping cough):<br>Yes/No | NMR(Measles ,Mumps, Rubella):<br>Yes/No<br><br>Hib (Heamophilus influenza type b):<br>Yes/No<br><br>Any other (name) |
| Any impairments (if Yes, Describe)<br><br>Eyes: Yes /No Ears: Yes/No<br><br>Speech: Yes/No Muscles: Yes/No<br>Any other (name)…… | |
| Any other Health information you want to bring to our attention (e.g., allergies, previous diseases) ……. | |
| **4. Additional information** | |
| Name and contact details of a family member/ friend to be contacted in the absence of parents: ……. | |
| Person(s) authorized to pick the up the child: ……. | |
| I declare that the information given in this form is true, complete and accurate.<br><br>I agree to follow the school's rules and regulations, pay all required fees, and provide written notice if I wish to withdraw my child from the school.<br><br>Signature: …… Date: …….. | |

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**Please attach the following documents:**

1. The child's full birth certificate
2. Current school report (if applicable)
3. Two passport photos
4. A copy of the updated immunization schedule