JUNE LAVIAN ACADEMY,
TRIANGLE COURT-SABAKI
ADMISSION FORM

Section A: Learner's Details

This Form should be filled by parent/guardian of all children enrolling at **JUNE LAVIAN ACADEMY**, and all **information given should be correct.**

NAME OF CHILD: ……GENDER: …… ……..DATE OF BIRTH:……AGE……..…GRADE/LEVEL: ……..

PARENT/GUARDIAN NUMBER: ……..EMAIL: ……..
PLACE OF RESIDENCE: ……..
Confirmation by PARENT/GUARDIAN:

Additional notes: (To be filled by Parent/Guardian)

1. Does the child have any **special needs?** If yes, briefly explain.

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2. Does the child have any **special diet** requirement? If yes, please explain.

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3. Does the child require extra care based on parenting gaps including parents **separation or divorce, being orphan, adoption** etc? If yes, please explain.

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Section B: Transfers

In case child is transferring from another school, please fill the details below:

(a) Name of school he/she is transferring from:
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(b) Month and year of transfer:
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Section C: School rules and Regulations

1. All fees should be paid within the term in full or installments **as agreed between parent/guardian and the administration**; where fees fail to be paid as pledged, the school may restrict the child from sitting assessment tests, etc.

2. All learners MUST be dressed in **approved school uniform Only**.

3. All learners **should attend games and other co-curricular activities** while

dressed in P.E kits Only.

4. **Fighting, bullying and use of drugs by learners is strictly Forbidde**n, any child found a victim may be suspended, expelled or counseled.

5. All learners **MUST** do all homework and assignments.

6. **All absenteeism should be communicated** before or immediately after to the head teacher/secretary

7. **No use of mother tongue in school.**

Section D: (For official Use Only- do not fill here)
Based on qualification and or age of the child, the school has approved his/her enrollment into **PLAYGROUP/PP1/PP2/GRADE 1/GRADE 2/GRADE 3/GRADE 4/ GRADE 5/ GRADE 6/any other** (Tick one) as from this ……(Date)

Name of approving Officer: ……Date: ……Position held: ……..Signature……

stamp