

PCEA MUTEERO ACADEMY KAREN REGISTRATION FORM

1. Personal Information of the Student:

- Full Name: _____
- Date of Birth: _____ (DD/MM/YYYY)
- Gender: Male Female
- Nationality: _____

2. Parent/Guardian Details:

- Father's/Guardian's Full Name: _____ Father's/Guardian's Occupation: _____
- Home Address: _____ Phone Number: _____
- Postal Address: _____ Email Address: _____
- Mother's/Guardian's Full Name: _____ Mother's/Guardian's Occupation: _____
- Home Address: _____ Phone Number: _____
- Emergency Contact Person: _____ Emergency Contact Phone Number: _____

3. Academic Information:

- Grade/Level the Student is Registering For: _____
- Previous School Name (if applicable): _____
- Previous School Address: _____
- Has the Student Ever Repeated a Grade? Yes No
 - If yes, which grade? _____
- Any Special Learning Needs? Yes No
 - If yes, please specify: _____

4. Health Information:

- Does the Student Have Any Medical Conditions or Allergies? Yes No
 - If yes, please specify: _____
- Name of Family Doctor: _____

- Doctor's Contact Number: _____
- Health Insurance Provider (if applicable): _____
- Policy Number (if applicable): _____

5. Emergency Authorization:

- In case of an emergency, I authorize the school to seek medical treatment for my child if I am unreachable.
 Yes No

6. Additional Information:

- How did you hear about PCEA Muteero School?
 Word of Mouth social media School Website Other: _____
- Reason for choosing PCEA Muteero Academy Karen: _____

7. Consent and Agreement:

I, the undersigned, certify that the information provided above is accurate and complete to the best of my knowledge. I also agree to comply with the school's policies and procedures, including payment of school fees, school regulations, and codes of conduct.

- Signature of Parent/Guardian: _____
- Date: _____ (DD/MM/YYYY)

For Official Use Only:

- Date of Registration: _____
- Admission Number: _____
- Class Assigned: _____
- Fees Paid: Yes No
- Amount Paid: _____