

**Applicant
Photo**

(Please provide two
passport sized
photographs)



Jaffery Nursery

P.O. Box 82522
 Tel: 2312363 / 2313144 / 2225605/2223093
 Tel: 0724 257104/0772387155
 nurseryschool@jafferyacademy.org
 www.jafferyacademy.org

Application Form

Please complete in BLOCK letters

APPLICANT'S DETAILS

NAME OF APPLICANT

(Surname)

(First Name)

DATE OF BIRTH:/...../..... SEX: COMMUNITY.....
 (dd/mm/yyyy)

(Please attach photocopy of birth certificate)

CITIZENSHIP: RELIGION:

PREVIOUS EDUCATION/SCHOOL.....

APPLICATION FOR CLASS.....

(Please attach copy of last school report)

PARENT/GUARDIAN'S DETAILS

Father's Name.....

Mother's Name.....

Postal Address.....

Postal Address

Occupation

Occupation

Name & Address of Employer.....

Name & Address of Employer.....

Tel (**office**).....

Tel (**office**).....

Tel (**Residence**).....

Tel (**Residence**)

Cell phone:

Cell phone:

E-mail address.....

E-mail address.....

OTHER INFORMATION

DETAILS OF ANY OTHER CHILDREN PRESENTLY STUDYING AT JAFFERY ACADEMY

1. NAME: CLASS/YEAR:

2. NAME: CLASS/YEAR:

3. NAME: CLASS/YEAR:

4. NAME: CLASS/YEAR:

Please give brief details of any medical condition and/or physical disability the school should be aware of:

.....
.....

DECLARATION

I declare that the above details are true and correct in every respect. I have read and understood the rules, regulations and conditions governing the admission and agree to abide by them.

Signature.....

Date

Please return this form together with:

- Two passport sized photographs
- A copy of your child's birth certificate
- The most recent school report, disciplinary records and clearance certificate from your child's current school
- A copy of your child's inoculation card

FOR OFFICIAL USE ONLY

Admission No.

Headmistress Recommendation

Date.....

Application Approved/Not Approved.....

Date.....