



Jaffery Academy Primary

P.O. Box 82522
Tel: 2223093/2315827/2313144/2225605/2312363
Tel: 0724 257104/0772387155
juniorschool@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 (circle one):

1

2

3

4

5

6

(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:



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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.
- Copies of any certificates/awards/records of achievements to aid your child's application.

FOR OFFICIAL USE ONLY

Head teacher Recommendation.....

Date.....

Application Approved/Not Approved.....

Date.....