

List all schools previously attended.

Grade	School	City	Country	Telephone
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Documentation supplied: Transfer certificates Report cards Gr. 8/10 Certificate

How well does your child speak English? Excellent Good Fair Poor

Does your child have any learning difficulties or learning disabilities? Yes No

If yes, please explain:

Who is responsible for paying school fees? Self Corporation Government Mission

Address for sending fee invoices:

Where will your child be living? in parents' home in relatives' home in HLIS Dormitory

If guardian, state name and address: _____

In case of medical emergency, which hospital do you wish to attend to your child?

Immanuel Lutheran Hospital

Wabag General Hospital

Yampu Health Center

In case of medical emergency, whom should we contact first?

Name _____ Phone _____

Name _____ Phone _____