



HIGHLAND LUTHERAN INTERNATIONAL SCHOOL

P.O. Box 363 Wabag, Enga Province, Papua New Guinea
Phone/Facsimile (675) 547-1235

www.hilschool-png.org / hilsadmn@hotmail.com / hilsenol@hotmail.com

ENROLLMENT FORM

Name of student: _____ (M/F)
(family name) (first name)

Date of birth: _____
(day) (month) (year)

Postal address: _____ Town: _____
Province: _____

Phone (at home): _____ Phone (at work): _____

Fax: _____

Email: _____

Father's full name: _____ Occupation: _____

Mother's full name: _____ Occupation: _____

Grade in which you wish to enroll your child (circle):

Pre-Kinder Kinder Gd.1 Gd.2 Gd.3 Gd.4 Gd.5 Gd.6 Gd.7 Gd.8 Gd.9 Gd.10 Gd.11 Gd.12

Your child's church membership: _____

Place within the family:

(eldest) Write M or F (youngest)

Nurturing Christian Servant leaders through Educational Excellence