



# ALPHA BETA EDUCATION CENTRES

AFFIX  
PASSPORT  
PICTURE  
HERE

## APPLICATION FOR ADMISSION

### CHILD'S INFORMATION

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country Of Birth: \_\_\_\_\_  
(DD/MM/YY)

Residential Address: \_\_\_\_\_

GPS Address: \_\_\_\_\_

Home Contact Numbers: \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

#### SCHOOLS ATTENDED

#### DATES ATTENDED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\* Attach copies of the last two terms school reports.*

Which class is the child currently in? \_\_\_\_\_

Which class are you applying for? \_\_\_\_\_

Reasons for wanting the child to leave their present school \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FAMILY INFORMATION

RELATIONSHIP (please tick): FATHER  MOTHER  GUARDIAN

Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Tel: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_

*Please turn over*

**SIGNIFICANT DATA (please tick)**

Child lives with:  Both Parents  Mother  Father  Other (please provide details) \_\_\_\_\_

If not with parent(s), please give details:

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\* How did you first hear about Alpha Beta Education Centres?  Adverts  Relatives  Friends

Other (please specify) \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Assessment Date: \_\_\_\_\_

Grades/Comments:

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Admitted:  Yes  No

Class Admitted To: \_\_\_\_\_

Conditions of Admission:

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Principal/ Administrator