



# ST CLAUDE SECONDARY SCHOOL

## STUDENT REGISTRATION FORM

### SECTION A: STUDENT DETAILS

Full Name of Student	
Date of Birth (DD/MM/YYYY)	
Gender	
Nationality	
Home Address (Village, T/A, District)	
Postal Address	
Previous School Attended	
Class (Forms 1 – 4)	

### SECTION B: PARENT / GUARDIAN INFORMATION

Full Name of Parent/Guardian	
Relationship to Student	
Contact Number	
Email Address (if available)	
Home Address (Village, T/A, District)	
Residential Address	
Postal Address	
National ID No. /Passport No.	

### SECTION C: EMERGENCY & MEDICAL INFORMATION

Emergency Contact Person	
Emergency Contact Number	
Doctor's Name & Contact (if any)	
Allergies (if any)	
Chronic Illnesses / Special Conditions	

### SECTION D: DECLARATION

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that any false information may lead to the rejection of this application.

Parent/Guardian Name: \_\_\_\_\_

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

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### SECTION E: FOR OFFICIAL USE ONLY

Admission No.	
Date of Admission (DD/MM/YYYY)	
Class Admitted into	
Registration Fee Paid / Receipt Number	
Headmaster's Signature	