

ADMISSION FORM

Children with special needs will be accepted after evaluation is made to determine whether the school can be beneficial to the child's development. This form must be returned with the following documents:

- Child's birth certificate (certified copy)
- Passport photo of child (to be pasted above).
- Passport photo of both parent's/guardians or as applicable (pasted above)
- Immunization card.
- Certified copy of the ID of both parents/guardians or as applicable. (front and back)
- Certified copy of report card of previous school (s) if applicable.

Please note that no child will be admitted without ALL the documents

GENERAL INFORMATION CHILD'S NAME: _____

NEMIS NO.: _____ DATE OF BIRTH: (YYYY/MM/DD) _____

GENDER: _____

RESIDENCE: _____

PREVIOUS SCHOOL ATTENDED _____

PARENTS OR GUARDIANS

NAME: _____

RELATIONSHIP: _____

ID NO.: _____

PHONE NUMBER _____

PROFESSION/PLACE OF WORK: _____

EMERGENCY CONTACT(S) NAME: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ PERSONS AUTHORISED TO PICK

THE CHILD (other than parent/guardian) NAME: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

PERSONS NOT AUTHORISED TO PICK THE CHILD (WHERE APPLICABLE)

NAME: _____ ID: _____ PHONE

NUMBER: _____

PARENTS STATUS: MARRIED, SEPARATED, DIVORCED, WIDOWED,

SINGLE PARENT

Please tell us more about your child and what you hope for them. What would you like your child to gain from the school?

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CONSENT

• I consent to having **Yoani Springs Academy,**

collect personal information for registration.

• I further consent to the use of information contained in this form and otherwise collected by or on behalf of **Yoani Springs Academy** for purposes of establishing, maintaining and terminating the student or parent’s relationship with **Yoani Springs Academy.**

I consent to the following: Photographs and work samples of my child to be used in: Yearbooks, Newsletters, Websites, Promotional Material, In-school parent communication Parent/Guardian

Name: Signature:

..... Date:

HEALTH INFORMATION

CONDITION	YES/NO	COMMENTS
Allergies (Food, Insects, Drugs)		
Allergies (Seasonal)		
Asthma or breathing problems		
Attention Deficit/Hyperactivity Disorder		
Behavioral Problems		
Development Problems		
Bladder problem		
Dental Problems		
Head Injury/concussions		
Hearing problems or deafness		
Heart problems		
Muscle problems		
Seizures		
Sickle cell Disease (not trait)		
Speech problems		
Spinal injury		
Surgery		
Vision problems		
Bowel Problem		
Cerebral Palsy		

Describe any other important health-related information about your child (e.g. feeding tube, hospitalization, oxygen support, hearing aid, dental appliance).

List all prescription, over the counter and herbal medications your child takes regularly.

Check here if you want to discuss confidential information with the school. (YES/NO)