

Morvant Anglican School
Application for Infant Admission

Child's Personal Information

Name:
Surname First Name Middle Name

Date of Birth:

Religion:

Sex: ☐ Male ☐ Female

Address:

Phone:

Pre-school information

Name of school

Address:

Phone:

Family Information

Mother's Name:

Occupation:

Organization:

Work Phone:

Home Phone:

E-mail:

Family Information continued

Father's Name:

Occupation:

Organization:

Work Phone:

Home Phone:

E-mail:

Guardian's Name:

Occupation:

Organization:

Work Phone:

Home Phone:

E-mail:

Emergency contact

Name:

Phone:

E-mail:

Medical Information

Has the child received treatment for any of the following? (Please indicate)

☐

Asthma

☐

Scabies

☐

Nose Bleed

☐

Bronchitis

☐

Small Pox

☐

Heart Disease

☐

Fits

☐

Skin Disorders

☐

Rheumatic Fever

Allergies:

Has the child been innoculated against any of the following? (Please indicate)

☐

Diph./Tet.

☐

Polio

☐

Yellow Fever

☐

Measles/Rubella

Any other information:

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Parent/Guardian

.....
Date