FOREST HEIGHTS ACADEMY

Application for Admission

STUDENT INFORMATION

Surname: _____ Given Name(s):_____

Date of Birth (D/M/Y):_____ Gender: _____ Age: _____

Citizenship: _____ NIB Number: _____

Requested Year of Entry: _____ Requested Grade of Entry: _____

Current Mailing Address: _____

_____

Telephone #: _____ Student's E-Mail: _____

Present Grade: _____ Present School: _____

Present School Address:

_____

Present School Telephone Number: _____

FAMILY INFORMATION

Mother -or- Guardian (circle one)

Name: _____

Address: _____

_____

Telephone (Home): _____

Telephone (Office): _____

Telephone (Cell): _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Father -or- Guardian (circle one)

Name: _____

Address: _____

_____

Telephone (Home): _____

Telephone (Office): _____

Telephone (Cell): _____

E-Mail Address: _____

Occupation: _____

Employer: _____

EMERGENCY CONTACTS (IF PARENTS UNAVAILABLE)

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

HEALTH INFORMATION

Family Physician: _____ Telephone #: _____

Does your child suffer from any allergies?

_____

Is there any medical information concerning your child of which Forest Heights Academy should be aware?

_____

_____

DECLARATION

I declare that the information submitted is current and factual and that Forest Heights Academy is authorized to contact the applicant's previous school(s) and obtain the appropriate records relating to this application.

_____ _____

Signature of Parent/Guardian Date

Completed admission forms should be scanned and emailed to forestheightsacademy@gmail.com