CedarCreek School
...Nurturing Achievers

Please affix a recent passport - size photograph of your child

# REGISTRATION FORM

## Details of Child

Surname:_____ Other Names(In full)_____

Date of Birth_____
DD MM YYYY

Gender ☐ Male ☐ Female

Previous School Attended_____ Address_____ Last Class_____

House Address_____House Telephone_____

## Details of Parents

Mother's Name:_____ E-mail_____

Mobile Number_____ _____ Office/Other Number_____

Father's Name:_____E-mail_____

Mobile Number_____ Office/Other Number_____

## Other People with Parental Responsibility

Name:_____ Mobile Number _____

House Address_____ E-mail_____

Relationship to Child_____

## Medical History

Please provide us with details of any medical condition,health problem or allergy affecting your child, any learning difficulty,special education need,any behavioural,emotional and or social difficulty.

Kindly return the completed form with the following documents: birth certificate,immunization records, last school report and signed agreement page of the school hand book.