***THIS APPLICATION FORM MUST BE COMPLETED IN FULL AND SUBMITTED BEFORE YOUR CHILD IS ENROLLED.* PLEASE ATTACH 2 PASSPORT SIZE PHOTOS OF YOUR CHILD WITH THIS APPLICATION FORM**

**GENERAL STUDENT INFORMATION**

Applicants first name: ...................................... Middle Name......................... Last Name..................

Date of birth: .............................................. Gender: ..........................................

Nationality: ............................................... Applying for: .....................................

**PARENTAL/GUARDIAN INFORMATION**

Fathers full name: .................................................................................................................................

Home address: ..............................................................................................

Home phone: ........................................... Work phone: ...........................................

Cell phone: .................................................

Occupation: ................................................. Firm: .......................................................

Email address: ..................................................

Mothers full name: .................................................................................................................................

Home address: ..............................................................................................

Home phone: ........................................... Work phone: ...........................................

Cell phone: .................................................

Occupation: ................................................. Firm: .......................................................

Email address: ..................................................

In case of emergency when parents are unreachable:

Name................................................... phone number: ..........................................................

Name................................................... phone number: ..........................................................

Marital status: Married Separated Divorced/widowed Single

**STUDENT ACADEMIC HISTORY**

List other schools your child has attended to before enrolling here:

Name of school: ....................................................... Grade: ...........................................

Name of school: ....................................................... Grade: ............................................

Language spoken at home: .........................................................................................................

Other languages spoken: ..............................................................................................................

Has your child ever been identified as having special education needs?

Yes No

Date of entry: ................................................................

Details of family doctor

Name of Dr: ........................................................................................................

Telephone number: ............................................................... office: ...............................................

Does your child suffer from any allergies?(dairy products, insects, flowers, medicines) If yes please state them: ....................................................................................................................................................................................................................................................................................................................................

Does your child suffer from any of the following conditions? (Diabetes, hyperactivity, asthma, hay fever, epilepsy or any other medical condition) : ....................................................................................................................................................................................................................................................................................................................................

I/ We ................................................................................ being the parents/legal guardians of the above named child do hereby accept full responsibility for the payment of the school fees and I/we further declare that all the information on this form is correct.

SIGNATURE (FATHER).............................................. SIGNATURE (MOTHER)........................................

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