

Student Registration Form



Name:		Date of birth (DD/MM/YYYY):	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		Age: _____ years old	
Nationality:	Place of birth:		
Home address:		Phone #:	
Father's name:		Occupation:	
Contact tel:		Email:	
Mother's name:		Occupation:	
Contact tel:		Email:	
Is your child currently receiving any special needs support or counseling support? If yes, please explain:			



For administration use only:

Student ID#	Course Details	Study MaterialsDetails		Date of registration:
	Course attended / Date (mm/dd/yy)	Kit #	Date (mm/dd/yy)	(mm/dd/yy)

Application received by: _____

Signature of Parent: _____