



STUDENT APPLICATION FORM

Student Registration Number: _____

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION FORM

Instructions: This application form is a legal document. It must be accurate and complete.
Before a student can be registered, the student application form must be completed in its entirety and signed by the parent or guardian.
The student application form is used to enroll a student who is new to Lucia’s Private School, or who is returning to the school.
This application form is also used to record important information changes. This includes changes to:
Legal name of the student or parent/guardian
Legal relationship of parent/guardian to student

1. Student Information

FIRST NAME	MIDDLE NAME	LAST NAME	PREFERRED NAME

2. Home Address

(a). Contact

	Home Phone Number: ()
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3. Date of Birth

(a). Age

(b). Gender

(MM/DD/YYYY)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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4. Place of birth

Country of birth	Nationality

5. Religious Declaration of the Child: (Check one):

- ☐ Roman Catholic ☐ Other Christian _____ ☐ Hindu ☐ Muslim
☐ Any other Religion _____

6. Medical Information

Are there any serious conditions about your child which you wish the school to be aware? Please indicate below:

- ☐ Diabetes ☐ Epilepsy ☐ Allergies ☐ Asthma ☐ Heart Condition Other (Please Specify)

Medical Notes:

The Indicated original documents have been provided and copies made and attached:

- ☐ A Copy of Birth Certificate ☐ A Copy of Immunization Card ☐ A Passport Size photo of the child
☐ \$300.00 Registrationfee (non-refundable)

7. SCHOOL HISTORY

If attending/attended another school, please specify:	School Address:	Name of Principal:
Do you or did you have a child attending this School? <input type="checkbox"/> YES <input type="checkbox"/> NO	If “YES” Name of child:	

8. PARENTS INFORMATION

MOTHER

- ☐ Biological Mother ☐ Step-Mother

Surname	First Name	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr etc.

9. Home Address

(a). Contact

	Home Phone Number ()
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10. Mother’s Occupation

(a). Work Address

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11. Phone No: (work)

(a). Mobile

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12. Emails

Personal Email	Work Email

Student's Name:

Surname

First Name

Middle Name



FATHER

☐ Biological Father ☐ Step-Father

Surname	First Name	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr etc.
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13. Home Address (a). Contact

	Home Phone Number ()
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14. Father’s Occupation (a). Work Address

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15. Phone No: (work) (a). Mobile

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16. Emails

Personal Email	Work Email
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GUARDIAN

☐ Aunt ☐ Uncle ☐ Grandparents ☐ Other _____

Surname	First Name	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr etc.
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17. Home Address (a). Contact

	Home Phone Number ()
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18. Guardian Occupation (a). Work Address

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19. Phone No: (work) (a). Mobile

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20. Emails

Personal Email	Work Email
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21. EMERGENCY CONTACTS

An “emergency contact person” is someone other than the parent.

EMERGENCY CONTACT #1:	Surname:	First Name:	Relationship to Child:
	Home Phone Number:	Mobile Number:	Mobile Number (2):

EMERGENCY CONTACT #2:	Surname:	First Name:	Relationship to Child:
	Home Phone Number:	Mobile Number:	Mobile Number (2):

DECLARATION BY PARENT OR GUARDIAN

I hereby certify the above information to be true, correct, and complete. I have also identified all guardians for this student.

Date: _____ Signature: _____

FOR SCHOOL USE ONLY			COMMENTS	
CLASS:	CLASS TEACHER:	HOUSE COLOUR: <input type="checkbox"/> Yellow <input type="checkbox"/> Green Palm	<input type="checkbox"/> Scarlet Ibis <input type="checkbox"/> Blue Tanager	