APPLICATION FORM 202 -202

SECONDARY SCHOOL (GRADE 6-12)

GradeApplying for: *Registration Number:

APPLICATION FORM 202 -202

SECONDARY SCHOOL (GRADE 6-12)

Approved

APPLICATION FORM 202 -202

SECONDARY SCHOOL (GRADE 6-12)

MEDICAL FORM

Student

First Name _____ Last Name _____

Date of Birth _____ Grade _____

Emergency contact

First Name _____ Last Name: _____

Relation to student _____ Email _____

Mobile _____ Home _____

Please check any of the following conditions which currently affect your child:

Diabetes Liver / Spleen Kidney/Bladder Orthopedic/Bone

Vision problem Heart problem Eye glasses Depression/ Stress

Hearing problems Blood disorder Seizures

Asthma Severe Mild Caused by

*Allergies to: _____

Any medication

*(*Students requiring medication at school MUST have parent's written note)*

The copy of vaccination record is attached to the application

Please check if your child has had any of the following diseases:

Chicken Pox Hepatitis

ASU Secondary School New Enrollment Probation Letter
