

STUDENT DATA CAPTURE FORM

A. BIO DATA

1. First Name..... Other Name(S).....
2. Student No Gender
3. Date of Birth Village

B. APPLICANT HEALTH CONCERNS

1. Special circumstances
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2. Allergies
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3. Medication
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C. CONTACT INFORMATION

1. Mobile Telephone.....Home Telephone.....
2. Address
3. Street.....
4. Country
5. Email.....

D. PARENT / GUARDIAN INFORMATION

1. First Name..... Last Name(s).....
2. Relationship
3. Home physical address
4. Country

E. CLASS INFORMATION

1. Class Stream.....
2. Former School.....
3. Fees type