Plot No. E1, Madala Road, Off Vitanda Street, NDOLA

Creating Value and Making a Difference in the Children of Today so that they Become Effective Leaders of Tomorrow

| P.O. Box 71309, Ndola<br>Tel: +260 95 0399 124, +260 95 599 2342<br>Email: <u>inquiries@simokotrustschool.com</u>   |                                |                               |
|---|--------------------------------|-------------------------------|
| DATE FIRST JOINED   |                                | •••••                         |
| CHILD'S DETAILS   |                                |                               |
| Name of child: Last   | firstM                         | iddle                         |
| Date of Birth//<br>Residential Address:   | (dd/mm/yy) Place of Birth      | Sex                           |
| PARENTS DETAILS   |                                |                               |
| Father's Name: Last  Place of work: Physical Address(work): Occupation: Tel. work: Cellphone: email address:  Mother's name: Last. Place of work: Physical Address (work): Occupation: Tel. work: Cellphone: email address: | homeFirsthome                  |                               |
| Guardian's name: Last   |                                | Middle                        |
| Place of work: Physical Address (work): Occupation: Tel. work: Cellphone: email address:  | home.                          |                               |
| > Fill in for guardian if child is  | not being looked after by His/ | her parents but someone else. |
| EDUCATIONAL DETAILS  Name all the schools your child has a  | ttended                        |                               |
| Name of school  | Grade                          | Years Attended                |
|   |                                |                               |

| State reason for leaving recent school  |
|---|
| MEDICAL INFORMATION   |
| State the general health of your child:   |
| Who is your family physician?TelTel.  |
| Is your child allergic to any food substance? (yes/no)  |
| If there are any other concerns you feel the school needs to know please state them                           |
| Date when the Poliomyelitis drop were given to child  |
| Date of Preschool Booster:  |
| Has BCG inoculation been given  |
| Date for small-pox vaccination:   |
| Diphtheria/whooping cough/tetanus date 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> inoculation        |
| Does your child have learning disabilities?   |
| If yes explain briefly  |
| GENEREL DETAILS   |
| Will you support this school by attending all meetings held at this school like;                              |
| Open days Yes/No  |
| P.T.A Yes/No  |
| Fundraising Functions Yes/No  |
| Will you support this school with timely payments of school fees (Yes/No)                                     |
| Which church do you go to?  |
| Is that you child's church as well?   |
| Is your child gifted in any sporting and/or any other extracurricular activities                              |
| If yes which one?   |
| DECLARATION   |
|   |
| I, (Full names)   |
| knowledge all information given on this form is true and accurate. I also understand that by signing this     |
| form, I hereby endorse that should my child be accepted into this school, I shall adhere to all school rules  |
| as are set. I shall also endeavor to attend all meetings called by the school authorities, and I will pay all |
| school fees in full at the beginning of every term.   |
| Signature Date  |
|   |
| FOR OFFICE LIGE ONLY  |
| FOR OFFICE USE ONLY ACCEPTED/NOT ACCEPTED   |
| Comments  |
|   |

Signed...... Date....