



## Enrollment Form

Enrollment date: 

|       |     |      |
|-------|-----|------|
| Month | Day | Year |
|       |     |      |

 Current grade:   
Current school:  Grade applying to:

### Student's Information

Name(s):  Gender:   
Last Names:  F  M   
Date of birth: 

|       |     |      |
|-------|-----|------|
| Month | Day | Year |
|       |     |      |

 Age:   
Place of birth:  Religion:   
Nationality:  Home phone number:   
Home Address: \_\_\_\_\_

Referred to Follow Me School by: \_\_\_\_\_  
Why did you choose this school? \_\_\_\_\_  
What do you expect from this school? \_\_\_\_\_

### Mother's Information

Name(s):  Occupation:   
Last Names:  Marital status:   
Identification or passport:   
Date of birth: 

|       |     |      |
|-------|-----|------|
| Month | Day | Year |
|       |     |      |

 Nationality:   
Place of work:  Religion:   
Work address: \_\_\_\_\_  
Home phone number:  Work phone number:   
Mobile phone number:  E-mail(s):

### Father's Information

Name(s):  Occupation:

Last Names:  Marital status:

Identification or passport:

Date of birth:  Month  Day  Year

Nationality:

Place of work:

Religion:

Work address:

Home phone number:

Work phone number:

Mobile phone number:

E-mail(s):

Parents' marital status:

Married  Separated  Divorced  Other

Who does the student live with?

### Emergency Contacts (In case parents are not contacted)

Contact 1:

Name:

Relationship:

Address:

Home phone number:

Work phone number:

Mobile phone number:

E-mail:

Contact 2:

Name:

Relationship:

Address:

Home phone number:

Work phone number:

Mobile phone number:

E-mail:

## Student Health Information

Blood type:

Does your child have any special health conditions?

Please specify. \_\_\_\_\_

Is your child currently taking any medications?

Please specify. \_\_\_\_\_

Illnesses or accidents that your child has suffered:

\_\_\_\_\_

Does your child suffer from an allergic condition?

Please specify. \_\_\_\_\_

Foods or medications prohibited by medical prescription:

\_\_\_\_\_

Is your child up to date with his/her vaccines? Yes  No

Doctor's name:

Hospital:  Phone numbers:

Address: \_\_\_\_\_

**Acknowledgement:** I certify that the information provided is accurate and I authorize Follow Me School to confirm it's veracity.

\_\_\_\_\_  
Signature of Applicant

### Required Documents for Enrollment:

- Two 2x2 photos
- Report cards of the last 2 school years
- A recommendation letter from the previous school
- A payment reference from the previous school
- Original birth certificate
- Medical certificate
- Updated inoculation record
- Eye examination report
- Hearing test report
- General Student Data in the Educational Center Management System (SGCE)
- Copy of ID of parents or tutors

**Tuition payments are non-refundable. Enrollment for the accepted students cannot be formalized without handing in the required documents.**