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SECTION C – SPECIAL CONCESSIONS

Please indicate by ticking your child's diagnosed condition. State briefly the nature of the condition.

A. Physical Impairment	☐	B. Hearing Impairment	☐	C. Visual Impairment	☐
D. Learning Disabilities	☐	E. Other Conditions	☐		

State briefly here _____

**** DO NOT ATTACH SUPPORTING DOCUMENTS WITH THIS FORM***

C. Visual Impairment	
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E. Other Conditions	
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State briefly here _____

*** DO NOT ATTACH SUPPORTING DOCUMENTS WITH THIS FORM**

SECTION D – MULTIPLE BIRTHS

Please complete this section in cases of multiple births (twins & triplets)

Name of Sibling 1			
	Surname		First Name
Date of Birth:			
	Y Y Y Y	M M	D D
	Gender: Male ☐ Female ☐		
Birth Certificate PIN No.		<i>* An electronic birth certificate must be presented by the parent or guardian for verification by the principal</i>	
Name of School Currently Attending (if any)			
Name of Sibling 2			
	Surname		First Name
Date of Birth:			
	Y Y Y Y	M M	D D
	Gender: Male ☐ Female ☐		
Birth Certificate PIN No.		<i>* An electronic birth certificate must be presented by the parent or guardian for verification by the principal</i>	
Name of School Currently Attending (if any)			

[illegible]

First Name		

Female

M	M	D	D

** An electronic birth certificate must be presented by the parent or guardian for verification by the principal*

[illegible][illegible]

First Name

Female ☐

M	M	D	D

** An electronic birth certificate must be presented by the parent or guardian for verification by the principal*

[illegible]

SECTION E – RELIGION CODE

Please tick one (1) selection ONLY that represents the student's religion

01	ANGLICAN	☐	06	MORAVIAN	☐	11	PENTECOSTAL	☐
02	BAPTIST	☐	07	ROMAN CATHOLIC	☐	12	ORISHA	☐
03	HINDU	☐	08	PRESBYTERIAN	☐	13	AFRICAN METHODIST EPISCOPAL (AME)	☐
04	METHODIST	☐	09	SEVENTH DAY ADVENTIST	☐	14	ANY OTHER RELIGION	☐
05	MUSLIM	☐	10	JEHOVAH'S WITNESS	☐	Please specify		

Please specify

SECTION F - PARENT/GUARDIAN DECLARATION

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

I certify that all the above information given is true and correct.

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Surname

First Name

NAME OF PARENT OR GUARDIAN IN BLOCK LETTERS

SIGNATURE OF PARENT OR GUARDIAN

ID/DP/PP/PIN#

Date of Submission

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Y Y Y Y

--	--

M M

--	--

D D

[illegible]

First Name

NAME OF PARENT OR GUARDIAN IN BLOCK LETTERS

SIGNATURE OF PARENT OR GUARDIAN

ID/DP/PP/PIN#

Date of Submission

Y Y Y Y

M	M	D	D
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