



ADMISSION FORM

This form must be completed by the parent or a legal guardian of the child. If it is completed by a legal guardian, the school requires proof of guardianship.

PLEASE NOTE : A copy of your child's birth certificate and immunization card should be submitted with this form. One current passport-sized photograph should also be affixed to this form.

ADMISSION FORM

Surname: Other Names:.....

Home Address:

.....

Nationality: Gender: Date of birth:

FORMER SCHOOL (IF APPLICABLE)

Name of School: Stage of Leaving:

Address of School:

.....

PARENTS/GUARDIAN DETAILS

Mother's Name: Mrs./Ms./Miss./Dr.:.....

Place of Employment: Occupation:

Mobile Phone Number: Home Phone:

Email Address:

Address (if different from section 1):

.....

Father's Name: Mr./Dr.:

Place of Employment: Occupation:

Mobile Phone Number: Email Address:

Address (if different from section 1):

PARENT/GUARDIAN DECLARATIONS

While the child is in the custody of the school, the school **MAY** seek medical treatment for my child / ward in the event of a medical crisis, or injury that may occur (during which time the school makes an effort to contact me).

[] Agree

[] DO NOT Agree

I, being parent/guardian of
.....hereby accept **FULL**
responsibility for this decision.

Signed:Parent / Guardian Name:

*The school will bear **ONLY** the cost of first aid for your ward. All additional medical care provided by health professional(s) will be borne by Parent/Guardian.*

I am in agreement with the school's policies and will abide by them. I also guarantee that I am willing to **meet** all financial obligations during his / her entire educational career at The McCarthy Hill School.

Full Name:

Address:

Signature: Date:

FOR OFFICIAL USE ONLY

Date of Submission of Form: Entrance Assessment Date:

Entry Grade: All required supporting documents made available?

Comments:

Signature (TMHS Staff): Date:

Photos and videos taken in the course of academic / extracurricular activities will be used for publicity. TMHS will take all steps to ensure these images are used solely for the purposes for which they are intended. If you become aware that these images are being used inappropriately, please inform us immediately.

If you agree for images and videos of your ward/child to be used, kindly indicate below.

I agree

I disagree