



RE – ENROLLMENT FORM

1. Name of Child: _____

Age of Child by September 2015 : _____ Yrs _____ Mths

2. Attending School from: dd / mm / yyyy to dd / mm / yyyy

3. Full Name of Guardian (s): 1. _____

2. _____

Address: _____

Tel./Cell.Phone Nbs: 1. _____ 2. _____

Emails Address: 1. _____

2. _____

4. Please provide update on Immunization, and/or any changes in medical condition of the child e.g. developed asthma etc. that the School should know about.

5. In the case where Guardian are in Malawi on contract with Employer and Organization e.g. Embassy, International Organization etc. please indicate expected Contract End Date or departure from Malawi below:

dd / mm / yyyy

Signature of Guardian: _____ Date: dd / mm / yyyy

FOR OFFICIAL USE

Name of Child: _____ Age: _____ Yrs _____ Mth

Initial Date Readmitted: dd / mm / yyyy Admitted By: _____