ALCAR ACADEMY

"Pursuing Excellence Through Hard Work"

PICTURE

HERE

APPLICATION FORM

To serve you better, this form was designed to capture as much information as possible about your child. Please fill in all the relevant data. The information provided will be kept in the strictest confidence.

Child's Information

Full Name : _____

Date of Birth: _____

Sex: Male ☐ Female ☐

Nationality :_____ Religion: _____

Present School (If applicable) :_____

Child's Present Grade (If applicable): _____

Reason for Change: _____

School Year Applying for: _____

Student's NSRS/SRN Number: _____

Special Considerations

Special Educational Needs (If applicable)_____

Food Allergies: Yes ☐ No ☐. If yes, please state _____

Any Special Dietary Needs? Yes/No/Unsure

If yes, please state below:

1. _____ 3. _____

2. _____ 4. _____

Any other information _____

Parents' Information

Mother's Name: _____ Cell # _____Work # _____

Email: _____

Home Address: _____

Occupation: _____

Father's Name: _____ Cell #_____Work #_____

Email :_____

Home Address:_____

Occupation: _____

Emergency Information

Emergency Contact :_____Phone: Cell: _____Work: _____

Relationship to Child: _____

Signature of Parent/Guardian: _____

Date of Application: _____