

GREEN HILLS ACADEMY

Towards Excellence

B.P: 6419, TEL/FAX. 0735832348/580747, Email: info@greenhillsacademy.rw

Website: www.greenhillsacademy.rw

KIGALI-RWANDA

REGISTRATION FORM

Complete this form in BLOCK LETTERS and return it to the office with two passport photographs, previous report card, a copy of the child's birth certificate and a copy of the parents' IDs or passport. Please read the parent information carefully BEFORE completing the form.

Name of child ----- Sex -----Class-----
(First name) (Surname)

Date of Birth ----- Nationality -----

Child's previous school

Dates

1. ----- From ----- To -----

2. ----- From ----- To -----

Vaccinations: Please indicate if the child has a complete immunisation record: Yes/No

IF ANY DISABILITY/ALLERGY: -----

PARTICULARS OF OTHER CHILDREN:

Name Schools presently attended Age

PARTICULARS OF PARENTS

Father's Name ----- Profession -----

Place of work ----- Tel.-----

E-mail address -----

Mother's Name ----- Profession -----

Place of work ----- Tel: -----

E-mail address -----

Postal address -----

Area of residence ----- Tel.-----

Who is responsible for picking up the child after school -----

Name of another person to contact incase of emergency ----- Tel. -----

I hereby undertake to observe the rules and regulations laid down by the school and to pay all school charges promptly.
I certify that the foregoing particulars are correct.
School fees are non – refundable.

Signature of the Parent/Guardian ----- Date-----

FOR OFFICIAL USE ONLY

Form: 1 / 2 / 3

Admitted/Not admitted: -----

Signature of Principal: -----

Signature of Director of Admissions: -----