## Ministry of Education and Human Resources Secondary School RegistrationSheet - Forms I to V

School:			Zone:
Registration No:	Admitted to FORM	Section	For Office Use Only
> Section A			
Student			
Surname:		Gender (v): Male	Female Date of Birth: / / (dd/mm/y
Other Name(s):		Nationality:	
National ID*:		Country of Birth:	
Address: Street		Last School attended:	<u> </u>
Locality		Last Form attended:	
Town/Village			ent): Aggregate: Year:
Asian/Other Langua	ge selected for study:	Music(	V) Oriental Western Instrumental None
Ward is living with(	V): Both Parents Father only M	other only Other (Specify	relationship)
Parents			
Name of Father:		Name of Mothe	er:
National ID :		National ID :	
Father's Occupation		Mother's Occup	
Tel:	Mobile:	Tel:	Mobile:
> <u>Section B</u>			
Responsible Party(	f not father or mother)		
Surname:		OtherName:	
National ID:			
Relationship with w	vard:		
			<del>                                     </del>
Town/Village		Email:	
Person other than	Responsible Party to be contact		,
Surname:		OtherName:	
Home Tel:	Office Tel		Mobile:
Health			
State any health iss	ues including allergies to which	you may wish to draw at	tention of school (optional).
1.			
3.			
4. Allergy to:			
Parent's acceptance	e to receive SMS alert in case of	absence of ward Yes	No Mobile 1
			Mobile 2
Transport			
	From: To	D:	Route No:
-	From: To	o:	Route No:
	Declaration of I	Responsibility and Underta	aking
		, h	ereby declare that the information given herein
is true to the best of n any changes in the ab		e by therules and regulation	ns of the school and to inform the school of
Signature	Dat	e: <u>/ /</u>	
For office use only			
Name of Officer:		Signature	Date: / /
Danitian kaldı			

<sup>\*</sup> Insert National ID(14 character code) as it appears in the birth certificate

## Ministry of Education and Human Resources Secondary School RegistrationSheet - Form LowerVI & Upper VI

School:		Zone:
Registration No:Admitted to	FORMSection	For Office Use Only
Student		
Surname:	Gender (v): Male F	Female Date of Birth: / / (dd/mm/yy)
Other Name(s):	Nationality:	
National ID*:	Country of Birth:	
Address: Street	Last School attended:	
Locality	Last Form attended: _	
Town/Village		ent): Aggregate: Year: ent): Aggregate: Year:
Ward is living with(v): Both Parents Fa	ther only Mother only Other (Spec	ify relationship)
Parents		
Name of Father:	Name of Mot	her:
National ID :	National ID :	
Father's Occupation:	Mother's Occ	upation:
Tel: Mobile:	Tel:	Mobile:
Responsible Party(if not father or mother)		
Surname:	Other Name:	
Relationship with ward:	National ID:	
Address: Street		
Locality	N 4 =  - :	
Town/Village	Email:	
Person other than Responsible Party to	be contacted in case of emergen	су
Surname:	Other Name:	
Home Tel:	Office Tel.	Mobile:
Subject Combinationfor study		
Principal Subjects	Subsidiary Su	ubjects
	<u> </u>	
Health Charles and the control of th	a ka subtab su	attacking of sales (17, 10, 11)
State any health issues including allergies  1.	s to which you may wish to draw	attention of school (optional).
2		
3. Allergy to:		
Parent's acceptance to receive SMS alert	in case of absence of ward Yes	
Transport		Mobile 2
Bus Route No(s): From:	To:	Route No:
From:	To:	Route No:
Dec	laration of Responsibility and Unde	rtaking
l	hereby declare that t	he information given herein is true to the
best of my knowledge and undertake to changes in the above information.		
Signature	Date:/_/	
For office use only		
Name of Officer:	Signature	Date: / /

<sup>\*</sup> Insert National ID(14 character code) as it appears in the birth certificate

## Ministry of Education and Human Resources <u>TransferCertificate – Secondary\*</u>

Date:/ (dd/mm/yy) Reference Number:					
Student					
Surname:	Gender (v): Male Female				
Other Name(s):	Date of Birth: / / (dd/	/mm/yy)			
Address: Street	National ID:				
Locality	Country of Birth:				
Town/Village	Nationality:				
Responsible Party					
Surname:	Other Name(s):				
National ID:					
Address: Street	Tel:				
Locality	Mobile:				
Town/Village	Email:				
Transfer					
Name of Present School :		Zone:			
Date of Admission to present school: / /					
Last class attended: Year:	<u> </u>				
Last examinations result: Pass Failed Promoted	Not Promoted Other:				
Attendance of Student (%):					
Any other appropriate remarks:					
Name of Rector/Manager:					
Signature of Rector/Manager and seal of school D	ate:/				
Admission					
Name of school admitting student:					
Date of Admission:/_/					
Form in which admitted:					
Name of Rector/Manager:					
Signature of Rector/Manager and seal of school D	ate: <u>/ /</u>				

 $<sup>^{*}</sup>$  Copy to be sent to Rector/Managerof outgoing school and PSSA/ Zone Director

## **Ministry of Education and Human Resources**

Letter to Responsible Party – Re: Application for Transfer (Secondary)

Our Ref:	Date:
Mr/Mrs:	
Dear Sir/Madam,	
Reference is made to your application for transfer dated	
This is to inform you that the transfer of your son/daughter/ward	
h:	
fromin I	
toin	Form
You are requested to call on the Rector of	
foradmission purposes.	
Yours faithfully	
for Director	
Copy to Rector of outgoing school,	
Rector of receiving school	