

# STUDENT Enrolment Form

## 1. Pupil's identification

Last Name: ----- Middle Name: ----- First Name: -----

Any Other Names: -----

Please underline the common name (The name you use to call your child).

### Date of birth:

Sex: Male

Female

Country: Rwanda

others (specify):

Former school: -----

Previous class: -----

Requested class: -----

Admitted class: -----

Health conditions (does he/she have any chronic disease or another disability): Yes  No

**Place of birth:** village: ----- Cell: ----- Sector: ----- District: ----- Province: -----

**Place of residence:** village: ----- Cell: ----- Sector: ----- District: ----- Province: -----

**Registration date:** -----

**Registration Number (The school will provide it):** -----

**Health Insurance (Example RAMA):**-----

**Reason for choosing our school:** -----  
-----  
-----

**School fees payment:** yourself  scholarship:

## 2. Parent's identification

### a. Father:

Last Name: ----- Middle Name: ----- First Name: -----

Tel:----- ID/Passport: ----- E-mail:-----

### b. Mother:

Last Name: ----- Middle Name: ----- First Name: -----

Tel:----- ID/Passport:----- E-mail:-----

I certify that the information above is true and correct to the best of my knowledge.

Signature: