

# Student Enrollment Form

Full Name\*

Date of Birth\*

Gender\*

Select

Residential Address\*

Email Address\*

Contact Number\*

Parent/Guardian Name\*

Parent/Guardian Contact\*

Relationship to Student\*

Course/Program Applying For\*

Academic Year\*

e.g. 2024-2025

Previous School Attended

Medical Conditions/Allergies

If any, please specify

Upload Supporting Documents

Choose File

No file selected

☐

I confirm that the above information is true and agree to the institution's privacy policy.

Submit Enrollment

**Note:** Fields marked with \* are required. All information will be kept confidential.