

Primary School New Student Enrollment Form

Please fill out all required fields marked with an asterisk (*).

Student Information

Full Name *

Date of Birth *

Gender *

-- Select --

Nationality *

Home Address *

Parent/Guardian Information

Guardian's Full Name *

Relationship to Student *

Phone Number *

Email Address

Previous Academic Background

Previous School Name

Last Completed Grade/Year

Medical Information

Health/Allergy Concerns



I hereby declare that the information provided is true and correct to the best of my knowledge.*

[Submit Enrollment](#)