

TODDLERS OF ST. JOSEPH

TEL: 0766 599496 / 0713 615254 Reg.No.DS.02/7/016 Box 60038 DSM



Date _____

REGISTRATION FORM

PUPIL'S PROFILE Please write in block letter and tick where appropriate
First Name:
Middle Name(s):
Last Name:

COURSES	
KGI	
KGII	
KGIII	

RELIGION:
DATE OF BIRTH(dd/mm/yyyy):
AGE:
PLACE OF BIRTH:
GENDER:
TRIBE:
PLACE OF WORSHIP:

Postal Address:
Tel No.
E-mail Address:
Street:
District:
Town:

	Father	Mother	Both	Guardian
Pupils lives with:				
Occupation:				
Place of Work:				
Tel No:				
Age:				
E-mail:				

Married/Not married: _____

Are both alive? YES/NO _____

	Orphan	Non-Orphan	Single Father	Single Mother	Guardian
Pupil's Status:					

Previous School: _____

REQUIREMENTS

1. Copy of birth certificate
2. 1 passport size photo