



# ADMISSION FORM

Reg No: \_\_\_\_\_

## FOR OFFICIAL USE

Eligible  Not Eligible  Inclusion  Speech Therapy

Interview Day: \_\_\_\_\_ Day: \_\_\_\_\_

Interview Time: \_\_\_\_\_ Admin: \_\_\_\_\_

Note: \_\_\_\_\_

Passport  
Photograph of  
Applicant

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Nationality: \_\_\_\_\_ Current Age: \_\_\_\_ | \_\_\_\_  
DD MM YYYY Years Months

Applying for Class: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Residential Address: \_\_\_\_\_

## PARENT INFORMATION

Father's Full Name	
Father's N.I.C	
Occupation	
Name of Organisation	
Designation	
Educational Qualification	
Awarding Institution	
Contact	
Email Address	

Mother's Full Name	
Mother's N.I.C	
Occupation	
Name of Organisation	
Designation	
Educational Qualification	
Awarding Institution	
Contact	
Email Address	



**SIBLING INFORMATION**

Sibling's Name	Age	Current School	Grade

**Applicant's family members/relatives who are currently or previously affiliated with Footsteps:**

Full Name	Relationship to Student	Association with Footsteps (eg. Teacher/Student)

**Does the applicant have any known medical conditions or allergies? Please share details below.**

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**Emergency Contact Numbers (*besides parents*):**

Name of Person	Relationship to Student	Contact Number

I hereby confirm the provided information is accurate to the best of my knowledge.

Date of Submission: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**REQUIRED DOCUMENTS**

For registration to be considered submit scanned copies of the following documents to [footstepsplaygroup@gmail.com](mailto:footstepsplaygroup@gmail.com)

- Completed registration form with an attached passport size picture of the applicant
- Copy of the applicant's birth certificate
- Copy of a parent's ID card

**Kindly note that acceptance of registration does not guarantee admission**