



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.

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 admin@footstepsfamily.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