



Application Form

Application for Academic Year 2019-20 2020-21 2021-22

FOR OFFICE USE ONLY Date: STRN #:

All information on this registration form is confidential. Please type or clearly print using black or blue ink.

Applicant's Name: Gender: Male Female

Birth Date(DD/MM/YYYY): Grade applying for: 1 2 3 4 5 6

Nationality:

Passport Number: Visa Status (if applicable):

Address:

(Street & Flat, Block Number, Building Name) (City)

Phone: (Home) (Work) (Mobile)

Fax: Parent Email:

Parent/Guardian Information

STUDENT LIVES WITH: PARENTS MOTHER FATHER OTHER (Specify)

WHO HAS LEGAL CUSTODY? PARENTS MOTHER FATHER OTHER (Specify)

Father's Name: Employer: Daytime Phone:

Mother's Name: Employer: Daytime Phone:

Emergency Contact Person (other than parent): Daytime Phone:

Is the parent or guardian a government employee? YES NO

I/We, the undersigned, hereby certify that, to the best of my/our knowledge, the answers to the foregoing questions and statements made by me/us in this application are complete and accurate.

Signature of Parent or Guardian (1)

Date

Signature of Parent or Guardian (2) (Optional)

Date

Rosebud admits students without regard to race, color, religion, sex, national and ethnic origin, or the presence of a medical condition or disability.