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054 8757255 / 056 822 6647 Email: info@jumanacademy.org



## STUDENT ADMISSION FORM

Registration Number: \_\_\_\_\_ Registration Received On: \_\_\_\_\_

### STUDENT INFORMATION

Student Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous School (if any): \_\_\_\_\_

Current Grade Level:  KG1  KG2  KG3

Grade1  Grade2  Grade3  Grade4

Primary Guardian Name: \_\_\_\_\_

Relationship to Student:  Mother  Father  Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_

### TRANSFER DETAILS:

Requested Grade Level at Juman Academy:  KG1  KG2  KG3

Grade1  Grade2  Grade3  Grade4

Preferred Transfer Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## MEDICAL INFORMATION

Does the student have any allergies?  Yes  No

If yes, please list: \_\_\_\_\_

Does the student have any medical conditions we should be aware of?  Yes  No

If yes, please specify: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## ADDITIONAL INFORMATION:

How did you hear about Juman Academy?  Internet  Friend/Family  
 Advertisement  Other

Is there any other information you would like to provide? \_\_\_\_\_

## CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Documents Submitted:  Birth Certificate  Immunization Records

Proof of Address Other: \_\_\_\_\_

I give permission for my child to receive emergency medical treatment if necessary.

I understand that submitting this form does not guarantee admission; the school will review applications and notify parents accordingly.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
School Official



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## TRANSFER APPLICATION FORM

Registration Number: \_\_\_\_\_ Registration Received On: \_\_\_\_\_

### STUDENT INFORMATION

Student Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other

Previous School (if any): \_\_\_\_\_

Current Grade Level:  KG1  KG2  KG3  Grade1  Grade2  Grade3

Duration at Current School: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Full Name of Parent/Guardian: \_\_\_\_\_

Relationship to Student:  Mother  Father  Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address : \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## TRANSFER DETAILS:

Requested Grade Level at Juman Academy:  KG1  KG2  KG3  
 Grade1  Grade2  Grade3  Grade4

Preferred Transfer Date: \_\_\_\_\_

## ADDITIONAL INFORMATION:

How did you hear about Juman Academy?  Internet  Friend/Family  
 Advertisement  Other

Is there any other information you would like to provide? \_\_\_\_\_

## CONSENT & AGREEMENT

- I hereby declare that the information provided is true and accurate to the best of my knowledge. I request the transfer of my child to Juman Academy.
- I understand that submitting this form does not guarantee admission; the school will review applications and notify parents accordingly.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
School Official