



BERTRAM AMERICAN

INTERNATIONAL SCHOOL

Kilometer 5, Ikot-Ekpene Road, Ehimiri, Umuahia, Abia State

www.bertramschools.com

+2349037443910, +2349161818210

AFFIX 2 PASSPORT
PHOTOGRAPHS

ADMISSION NO.

SCHOOL APPLICATION FORM

ADMISSION DATE

STUDENT DETAILS

FIRST NAME

MIDDLE NAME

LAST NAME

GENDER:

MALE

FEMALE

DOB:

HEIGHT

WEIGHT

RELATIONSHIP WITH GUARDIAN

NO. OF KIDS LIVING WITH PUPIL AT HOME

YOUNGER

OLDER

DISABILITY:

YES

NO

IF YES PLEASE STATE BELOW

HOME ADDRESS

ANY TRACEABLE TALENT TO HARNESS IN STUDENT

STATE OF ORIGIN

LOCAL GOVT. AREA

GRADE

SCHOOL YEAR

LAST SCHOOL ATTENDED AND ADDRESS

REASON FOR LEAVING FORMER SCHOOL

PARENTS/GUARDIAN'S INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

PHONE NUMBER

OCCUPATION

OFFICE ADDRESS

SCHOOL BUS

YES

NO

LOCATION

INCASE OF EMERGENCY

NAME

PHONE NUMBER

WHO OWNS CUSTODY OF THE PUPIL/STUDENT?

NAME

PHONE NUMBER

SIGNATURE/DATE

- Must be accompanied by 2x2 Coloured ID Picture
- Birth Certificate
- Report Card from Previous School (Where Applicable)
- Certificate of good moral
- Medical Clearance Certificate

Is the Child currently taking any medications?

If yes please list them down

Was the Child previously hospitalized
or underwent any surgery?

Does the Child have any medical condition that you would like to declare?

TRANSFER STUDENTS

The School may require new students or transferees to take an exam in order to guide in the appropriate class placement.

ORAL INTERVIEW

Interview: The School administration may conduct an interview with the student as part of the screening exercise.

I agree to the terms & conditions provided by the school. I also certify that all information in this form is true and accurate.

Parents/Guardian Signature

Date

OFFICE USE ONLY

Class Teachers Comment on Pre-Teaching Assessment

Teacher's Name/Date/Sign

School Administrator's Comments

School Administrator's Name/Date/Sign
