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REGISTRATION FORM

Student's Name _____

Student's Surname _____

Date of Birth _____ Nationality _____ Male / Female

Name of School _____ Name of Boarding House _____

Father's name _____ Mother's name _____

Home address _____

Telephone Number (home) _____

Telephone Number (work) _____

Telephone Number (other) _____

Parent's E-mail _____

Student's E-mail _____

Student's Mobile Phone Number _____

Are there any medical conditions or allergies that we should be aware of? Y / N

If yes please give details _____

Please state who is responsible for paying the fees _____

How did you hear about Crown Guardians? _____

Parent's signature _____ Date _____