**3041 – NILSEN COLLEGE**

**APPLICATION FOR ADMISSION**

**2021**

**Personal Details of Application**

**Femmis No: Birth Reg No: Gender: Tin No:**

**First Name: Other Name: Surname:**

**Father Name: Date of Birth: Ethnicity:**

**Guardian’s TIN: Father’s TIN: Mother’s TIN:**

**Measurement: Height: Weight:**

**Show details for:**

**New Student: Citizenship of Student: Student E-mail:**

**Repeater: Transport: Boarder:**

**Had Yearly health check: Had Dental Check: Consent School Activities:**

**Consent Dental Check: Consent Health Check: Consent Sports:**

**Consent Swimming: Consent Excursions:**

**Home Life-details on the home life of the above student**

**Student lives with: Total family annual income:**

**Father’s Name: Father employed at:**

**Father’s Occupation: Father’s Contact:**

**Mother’s Name: Mother employed at:**

**Mother’s Occupation: Mother’s Contact:**

**Parent’s Address: Guardian Name:**

**Guardian Address: Guardian Contact:**

**Number of family residing with: Number of family working:**

**Lights at home: Medical Condition:**

**Emergency Contact Name: Emergency Relationship:**

**Emergency Address: Emergency Contact:**

**Family Doctor Name: Religion:**

**Main Language spoken at home: Fijian: English: Hindi: Others:**

**Any Police Conviction: Yes** **No**

***If Yes, Explain:***

***Are you pregnant?* Yes** **No**

***[For females only]***

***If Yes, how many month pregnant?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that all the information provided is true, complete and correct and will be not be enrolled if any of the information is not correct. I hereby give the school the approval to do a background check about me.***

***Photos: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby give my permission/ do not permit*** *(underline one)* ***for my son’s/daughter’s photos to be taken and to be used for educational purpose or the school media platform only.***

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFICIAL DETAILS**

Date of Admission Admission No:

External Examination Results: External Exam Clearance Pass/Port (2) ORG B/C Internal Exam: T1 T2 T3 Tin Card only

 Medical Card

Previous Record or Conduct:

Approved

Not Approved

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Apisalome Vunisa [Mr.]

**PRINCIPAL**