

Ministry	of Education,	Human	Resource	Develo	nment and	Labour
ministry	or Laucanon,	Human	resource	DCVCIO	pincin and	Laooui

Form	#	
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APPLICATIO	ON FOR I	KINDERGARTI	EN REG	ISTRATION	(20 - 20)	
School Year:			Date of	of Registration	n:		
School Choice	instruction and the Select that your	` '	and 3 to in respective rom only 1 to a sch	ndicate your fely. one (1) box. oool. Due to	irst (1 st), s You mu limited sp	econd (2 nd) ust select three (3 ace, there is no g	s) choices to ensure that your
	BOX 1	be assigned to th	BOX 2		BO		
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	Vide Box			outeille		e Bouteille	
	Methodis		Metho	dist		thodist	
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	Mon-Du-	-Don	Mon-D	u-Don	Mo	n-Du-Don	
	Marchan	d	Marcha	ınd	Mai	rchand	
CHILD'S ACTU	AL PLACE	OF RESIDENCE.					
	ete the det	ails for both moth	ner and fa		if applical		
Details		Mother		Father		Guardian	
Name of Parent	J						
Place of Reside	ence						
State actual wo	rk place						
Work place address/location	n						
Length of time eat that location	employed						
Tel. No. (work)							
Tel. No. (home)							
Tel. No. (mobile	;)						
<u>l</u>		1				P.T.O	

Child resides with: Fathe						ENI/IDON
THER BROTHERS AND SIST					I RIES AND	ENVIRON
AME	AGE PRI	ESENT GRADI	SCH	IOOL		
hy did you choose the firs	t three school/	s of your cho	ice?			
eason for 1 st choice						
eason for 2 nd choice						
eason for 3 rd choice						
ason for 5 choice			•••••	• • • • • • • • • • • • • • • • • • • •		
B: False information will	result in an au	tomatic disqu	ıalificati	on of y	our applica	tion
	O1 :1 1			-		
ame of Person Registering	Child					
elationship to Child						
hereby certify that all information pr						
Parent's Signature		Pr	incipal's	Name	(Please Print	t)
			Omy			
Are the following required do		ler?	Birth	Certifi		
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Principal:

Signature: Parent.....