DESTINYFILELD INTERNATIONAL SCHOOLS

...where every child matters

ADMISSION REQUEST FORM

PARENT'S/GUARDIAN'S NAME:

PARENT'S/GUARDIAN'S OCCUPATION:

CURRENT RESIDENTIAL ADDRESS:

CONTACT NUMBER(S):
Office, home, mobile

E-MAIL:

SEEKING FOR ADMISSION

NUMBER OF CHILDREN:

1. **CHILD NAME:**_____
   AGE:_____ (Age of Last Birthday) **CLASS:**_____ (Present Class)
2. **CHILD NAME:**_____
   AGE:_____ (Age of Last Birthday) **CLASS:**_____ (Present Class)
3. **CHILD NAME:**_____
   AGE:_____ (Age of Last Birthday) **CLASS:**_____ (Present Class)
4. **CHILD NAME:**_____
   AGE:_____ (Age of Last Birthday) **CLASS:**_____ (Present Class)

I, Mr./Mrs/Ms……..would like you to reserve a space for my child(ren) to be admitted in your school. I understand that their classes on admission will be determined by the outcome of the placement test. Thank you.

Parent's Signature: _____ Date: _____

Thank you for choosing Destinyfield.