

Registration Form - SENA

> Section A	
Pupil/Child	
Surname:	Gender (✓): Male Female
Other Name(s):	Date of Birth: / / (dd/mm/yy)
National ID*:	Nationality:
Address ^(a) : Street	Place of Birth:
	ome Phone No:
Town/Village Pre-Primary school/ Primary School attended:	
Father	, Mother
Surname:	Surname:
Other Name(s):	Other Name(s):
	Maiden Name:
National ID (b):	National ID (b) :
Father's Occupation:	Mother's Occupation:
Tel: Mobile: 5	Tel: Mobile: 5
Responsible Party (Legal document/Affidavits, whenever applicable, to be produced)	
Surname:	Other Name(s):
Relationship with child/ward:	Tal·
Address: Street	Mobile: 5
Locality	
	Email:
> Section B Diagnosis:	
Diagnosis:	
Is child undergoing specific treatment? (Y/N): Details	
Signature of Responsible Party: Date:/ /	
For office use only	
Purpose of Visit (Admission/Protests/Transfers):	
Recommendation (Inspectors/Paramedics):	
School Allocated:	
Name of Officer:	Signature:
Code: SENA 25	
Name of Officer:	Signature:
Position held:	Date: / /
* Please insert National ID (14-character code) as it appears in the	he Birth Certificate

Please attach (a) copy of Proof of Residence, and (b) Photocopy of National ID of Father, Mother and, wherever applicable, Responsible Party