

Reference No
Roll Class
Gender
Enrolement Date

### Student Application Form

*(You are responsible for informing the school in writing of any changes)*

#### Student Information

First Name : ..... Family Name : .....

Date of Birth : ..... Country of Birth : .....

Nationality : ..... Blood Group : .....

Student's Residential Address:  
Address : ..... Telephone No : .....

Please tick the class you are applying for:

Junior Section : PG/NUR/KG-1/KG-2/CLASS 1	Session Preferred: (Applicable for PG & Nursery Only)
Middle Section : CLASS 2/3/4/5/6	FIRST SESSION (8:30-10:45)
Senior Section : CLASS 7/8/9/10/11	SECOND SESSION (11:15-13:30)

#### Educational Background

*(Please account for every year your child has been in school)*

Name of School : ..... Current/Last Year Grade : .....

Full address of school : ..... Telephone No : .....

Address : ..... Email Address : .....

.....  
.....  
.....

Date Attended : .....  
 Yes       No

#### Medical Information

Does your child have any special medical problems (including allergies)?      Yes       No

Does your child take any medication?      Yes       No

If yes, please give details .....

.....  
.....  
.....

### **Family Information**

**Fathers's Details**

Name (Mr/Late):..... Nationality :.....  
Marital Status: Married/Divorced/Widowed/Sepereted In redence with child: Yes  No   
Educational Qualification : .....  
Occupation : ..... Organization : .....  
Designation : ..... Years of Business/Service : .....  
Office Address : ..... Telephone No : .....  
Residential Address:  
Present Address : ..... Permanetn Address : .....  
.....  
Telephone No : ..... Mobile no: .....  
Email address:.....

### **Family Information**

**Mother's Details**

Name (Mrs/Late):..... Nationality :.....  
Marital Status: Married/Divorced/Widowed/Sepereted In redence with child: Yes  No   
Educational Qualification : .....  
Occupation : ..... Organization : .....  
Designation : ..... Years of Business/Service : .....  
Office Address : ..... Telephone No : .....  
Residential Address:  
Present Address : ..... Permanetn Address : .....  
.....  
Telephone No : ..... Mobile no: .....  
Email address:.....

### **Guardian Information**

(If the child is not residing with either parent)

**Fathers's Details**

Name (Mr/Late):..... Nationality :.....  
Relationship with student:.....  
Residential Address:  
Present Address : ..... Permanetn Address : .....  
.....  
Telephone No : ..... Mobile no: .....  
Email address:.....

### ***Emergency Contact Details***

Name : ..... Nationality : .....  
Relationship with student:.....  
Residential Address:  
Present Address : ..... Permanetn Address : .....  
.....  
Telephone No : ..... Mobile no: .....  
Email address:.....

### ***Transportation Details***

(How will the student come to school)

Personal Car: Yes NO Public Transport Yes No School bus Yes No  
Car registration Number: ..... ( if applicable)

### ***key Referees for Parents***

(List two key referees not related to you who can verify information about you)

Name : ..... Nationality : .....  
Relationship with Parent : .....  
Residential Address:  
Present Address : ..... Permanetn Address : .....  
.....  
Telephone No : ..... Mobile no: .....  
Email address:.....

Name : ..... Nationality : .....  
Relationship with parent : .....  
Residential Address:  
Present Address : ..... Permanetn Address : .....  
.....  
Telephone No : ..... Mobile no: .....  
Email address:.....

**Sibling (s) Information**

(Applicable if sibling of prospective student wishes to study at St.Peter's School of London as well)

Name : ..... Sex (Male/Female : .....  
 Relationship with student : ..... Age: .....  
 Student ID : ..... Class Roll : ..... Campus : .....

Name : ..... Sex (Male/Female : .....  
 Relationship with student : ..... Age: .....  
 Student ID : ..... Class Roll : ..... Campus : .....

**Declaration**

( Father /Mother/ Legal Guardian Name & Signature)

I hereby certify that the information provided in this form is all true and correct to the best of my knowledge.

.....  
 Name : ..... Signature : ..... Date : .....

PASSPORT SIZE  
PHOTO OF THE  
FATHER

PASSPORT SIZE  
PHOTO OF THE  
STUDENT

PASSPORT SIZE  
PHOTO OF THE  
MOTHER

PASSPORT SIZE  
PHOTO OF THE  
GUARDIAN  
(if applicable)

**OFFICE USE ONLY**

Registration Fees Paid : Yes  No  Date : ..... Amount Paid : .....  
 Confirmed Starting Date : ..... Test Result : .....  
 Received by : ..... Checked by : .....  
 Date : ..... Date : .....

**Note :** Completed application form together with supporting documents and passport photos, must be submitted to the Admission Office on a weekday between 10 a.m. - 3 p.m. No prior appointment is needed to lodge this application form in person. We advise that you keep a copy of the completed application form for your own records. This is the first step you have taken in securing supreme quality education for your child at St. Peter's School of London. We thank you for your time in completing this application form and look forward to being in contact with you in the very near future.