



Passport

APPLICATION FORM

Please Fill In Block Letters

Admission Year:

Student Information

Date: /

Surname:	First Name:
Other Names:	
Date of Birth: <input type="text" value="/"/> / <input type="text" value="/"/>	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Country of Birth:	State of Origin:

Student's Educational Background

Schools Attended/Address	Years	Terminal Class
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposed Class in Halifield Schools: Day Boarding

Parent/Guardian Information

Parent 1

Full Name:	Occupation:	
Home Address:		
Office Address:		
Email:	Phone No.:	Signature:

Parent 2

Full Name:	Occupation:	
Home Address:		
Office Address:		
Email:	Phone No.:	Signature:

(For Official Use Only)

Please turn over ▶

Name of Candidate :
Date of Assessment:

Student's
Passport

Any Sibling in Halifield Schools? Yes No

With whom does the child live? Both Parents Father Mother Guardian

Is Any Parent Deceased? If Yes, Please Indicate: Father Mother

All School Correspondence to: Both Parents Father Mother Guardian

Please Choose Your Desired Option: Day Boarding (Year 5 - 12 Only)

Is there any other information you think we might find useful in helping your child adjust to school life?
If any, please state

Signature

(For Official Use Only)

ENTRANCE EXAMS TEST SCORE

Subject	Score	Average Score	Comments
Mathematics/Numeracy			
English/Literacy			
General Paper			

General Assessment Comment:

Recommended Class: