



**FOUNTAIN MISSION INTERNATIONAL SCHOOL**

**Williamsville Abidjan**

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E-mail: fmischool@yahoo.com

Photo

## ADMISSION FORM

Reg. No.

### 1-PERSONAL DETAILS

- Surname:

- First Names:

- Other Names:

- Date of Birth:

- Address:

Tel No:

Religion:

Class into which admission is being sought:

Child's former school and address (if any):

Child's last class at former school:

Who will pick the child to school:

Relationship with the child:

### -2 MEDICAL INFORMATION

Any peculiar health problem: Yes  No

If yes give details:

Any allergy: Yes  No

If yes give details:

Record of immunization: (please tick as appropriate)

Has your child been:

A) immunized against small pox: Yes  No

b) immunized against measles: Yes  No

c) Immunized against whooping cough: Yes  No

d) Immunized against polio: Yes  No

e) Immunized against tetanus: Yes  No

f) Immunized against tuberculosis: Yes  No

In case of emergency do you permit the school to take your child to the clinic: Yes  No

If no, give instruction as to where the child can be treated:

Father's name: 

Surname	First name	Other names
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Occupation:  Telephone No:

Home address:  Office address:

Nationality:  State of origin:  Religion:

Mother's name: 

Surname	First name	Other names
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Occupation:  Telephone No:

Home address:  Office address:

Nationality:  State of origin:  Religion:

#### 4-FAMILY BACKGROUND

- Are the parents separated / divorced?: Yes  No

- Number of children in the family:

- Child position in the family: