

NAZARETH ANGLO SAXON NURSERY AND PRIMARY SCHOOL BIYEM-ASSI YAOUNDE

REPUBLIC OF CAMEROON
MINISTRY OF BASIC EDUCATION
REGIONAL DELEGATION FOR CENTRE
DIVISIONAL DELEGATION FOR MFONDI
SUBDIVISIONAL INSPECTORATE OF YAOUNDE VI



MOTTO: FEAR OF GOD - HARDWORK - SUCCESS

P.O Box: 12607

TEL: (+237)694848390, 678818807

Aut: N°: 179/J/A/MINEDUB/SG/DSEPB/SDAAP du 23 Sept. 2013

2020 / 2021 - SCHOOL YEAR REGISTRATION FORM

PERSONAL DATA

Female

Male

Full legal name _____
(As it appears on your birth certificate)

PHOTO

Birth date: ____/____/____ Birth place: _____ Country of citizenship: _____

Preferred class: _____

EDUCATIONAL DATA

Please list below the name of his/her former school.

Why did you leave? _____

FAMILY INFORMATION

Father's full name: _____ Tel: _____
(Family name) (First name)

Mother's full name: _____ Tel: _____
(Family name) (First name)

Guidance Name: _____

If you do not live with both parents, with whom do you reside? _____

How did you hear about **Nazareth Anglo-Saxon Nursery and Primary School Biyem-Assi Yaoundé?** (Give names, if applicable) _____

AUTHORIZATION FOR PERSONS TO PICK-UP MY CHILD

Complete the information below for any individual who has the right to pick-up your child from school.

Person (1) full name: _____
(Family name) (First name)

Relationship to your child: _____ Occupation: _____ Tel: _____

Person (2) full name: _____
(Family name) (First name)

Relationship to your child: _____ Occupation: _____ Tel: _____

AGREEMENT OF SERVICE

Put a tick (✓) or an (x) where necessary.

1. In case of any absence of my child from school for any reason whatsoever, I will call **Nazareth Anglo-Saxon Nursery and Primary School Biyem-Assi Yaounde** and also fill in the request of absence sheet. Yes No
2. My child shall be involved in any extra curricula activity organized by the school. Yes No
3. My child is permitted to take part in any field trip scheduled by **Nazareth Anglo-Saxon Nursery and Primary School Biyem-Assi Yaounde** Yes No
4. I am responsible for the payment of my child's tuition fee. Yes No
5. I give the permission to **Nazareth Anglo-Saxon Nursery and Primary School Biyem-Assi Yaounde** to have snap shots of my child when need arises for public relation or marketing purposes, for display in the classroom or recognition purposes. Yes No
6. The center nurse is permitted to contact the child's doctor or health provider to check the information on the immunization record if necessary. Yes No
7. My child will face disciplinary actions from the school, if he/she behaves in a troublesome and immoral way. Yes No
8. I have read and understood the above (1-7) items. I agree to the terms of this agreement. Yes No

In case of any question, do not hesitate to contact the school administration.

Date: _____

Signature of parent/guardian
