

NAZARETH ANGLO SAXON NURSERY AND PRIMARY SCHOOL BIYEM-ASSI YAOUNDE

REPUBLIC OF CAMEROON
MINISTRY OF BASIC EDUCATION
REGIONAL DELEGATION FOR CENTRE
DIVISIONAL DELEGATION FOR MFOUNDI
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/DSEP/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
