MOTHERING OUR FUTURE NUR $ P/S

TEL: +250788502354

EMAIL: Motheringourfuture@gmail.com

STUDENT REGISTRATION FORM

1. CLASS..... SDMS CODE.....

Place of birth:

Country: _____ ☐☐☐ Sector: _____ ☐☐

Province: _____ ☐ Cell: _____ ☐☐

District: _____ ☐ Village: _____ ☐☐

2. Student Information

Last name _____ First Name _____

Date of Birth ☐☐☐☐☐☐☐☐ Registration date ☐☐☐☐☐☐☐☐ Sex: Male....1 Female.....2 ☐

Nationality: : _____ ☐☐☐ ID number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. Parental or Guardian Contact Information (Father, Mother/Guardian)

Names of father: _____ Names of guardian(Male) _____

Phone: ☐☐☐☐☐☐☐☐☐☐☐☐ Phone: ☐☐☐☐☐☐☐☐☐☐☐☐

ID number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ID number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mailing Address: _____ Mailing Address: _____

Relationship: _____ ☐

Names of Mother: _____ Names of guardian(Female) _____

Phone: ☐☐☐☐☐☐☐☐☐☐☐☐ Phone: ☐☐☐☐☐☐☐☐☐☐☐☐

ID number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ID number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mailing Address: _____ Mailing Address: _____

Relationship: _____ ☐

Done at Mothering Our future nursery and primary school ''Education with compassion''