



Registration # 8257, Est. No E7/2060. P O BOX 9215 Nakasi. Email : info@iqrafiji.org www.iqrafiji.org

Part A

Full Name of Student: _____

(As per birth certificate)

Date of birth: _____ Place of birth : _____

Race : _____

Religion: _____

Medical card # of student: _____

Details of Allergy if any: _____

Part B

Fathers Name : _____ Occupation: _____

Phone Home: _____ Work : _____

Mothers Name: _____ Occupation: _____

Phone Home: _____ Work : _____

Residential Address _____

Guardians Name _____ Occupation _____

(if applicable)

Phone Home: _____ Work : _____

Part C

I, _____ Parent/Guardian of _____

Confirm that the information is correct and I undertake to:

1. Abide by all rules of the school
2. Pay all fees, enrollment and school fees
3. Pay cost of any damage to school property caused by my child
4. Allow my child to participate in all school based activities
5. Ensure regular attendance of my child, in case of absence , I undertake to inform the teacher(either verbally or in written form)
6. Pick the child from school, or make appropriate arrangements for the same in case the child is sick at school
7. To make arrangement to pickup and drop the child to school at our own.

.....

.....

Signature of Parent/Guardian

Date

(Attach 2 passport size photo and copy of birth certificate)

.....

Official Use Only

Fees Collected

Enrolment fee : \$10 School Fees: \$80/ School Term

Receipt # _____

School teacher _____ Date : _____

Signature :

.....