

THREE RIVERS ACADEMY



APPLICATION FORM

Please complete this form as full and accurately as possible.
Please check our website for terms and conditions.
Return your completed application form to the school.

Please provide 2
passport photos
58mm X 58mm

SECTION A – Student's Details

Surname: _____

TRA Adm No: _____

First Name: _____

Gender: _____

Middle Names: _____

Religion: _____

Date of Birth: _____

Nationality: _____

SECTION B – Parents Guardian Details

Parent / Guardian 1

Parent / Guardian 2

Surname: _____

Surname: _____

First Name: _____

First Name: _____

Relationship to student: _____

Relationship: _____

Email: _____

Email: _____

Mobile: _____ Tel: _____

Tel: _____ Mobile: _____

SECTION C - Level Selection

Grade 7:

Grade 8:

Grade 9:

Grade 10:

Indicate when you intend to join us.

September:

January:

Please indicate whether you are enrolling as a boarding or day student

SECTION D: Education History

Previous School: _____

Last Grade/Class: _____

Certification: _____

Grade/Marks: _____

SECTION E: Medical and support needs

Do you have a pre – existing medical condition e.g., Allergies, epilepsy, asthma, diabetes?

Is there any way the school might need to come alongside (Healthwise) to help make your learning experience easier, please include details below.

Preferred Doctor/Hospital:

Phone number/emergency contact:

SECTION F: Application checklist and declarations

We require the following section to be completed in order to process your application

Check that you have completed all sections of the application form.

Attached certified copies of your academic transcripts.

Attached a copy of your birth certificate or passport.

Student

Signed:

Dated:

Parent 1 / Guardian 1

Signed:

Dated:

Parent 2 / Guardian 2

Signed:

Dated: