

OFFICE USE ONLY Roll no: _____ Date: _____ Yr group: _____	GALLE INTERNATIONAL COLLEGE	PASTE RECENT PHOTOGRAPH HERE
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PLEASE COMPLETE IN CAPITAL LETTERS: ALL INFORMATION IS STRICTLY CONFIDENTIAL

CHILD'S FAMILY NAME	FIRST NAME	M / F	DATE OF BIRTH

HOME ADDRESS:

LANGUAGE SPOKEN AT HOME	SIBLINGS: (PLEASE INDICATE IF ALREADY ATTENDING THE SCHOOL)

MOTHER'S DETAILS	FATHER'S DETAILS
NAME:	
NATIONALITY:	
OCCUPATION:	
EMPLOYER:	
HOME TEL:	
MOBILE:	
WORK TEL:	
EMAIL ADDRESS:	

MEDICAL DETAILS	
ALLERGIES:	
REGULAR MEDICATION TAKEN:	

EMERGENCY CONTACT NO'S (if both parents are unavailable)	
NAME:	TEL:
NAME:	TEL:
FAMILY DOCTOR:	TEL:
FAMILY CLINIC/HOSPITAL:	TEL: