



GOLDEN SUNBEAM INTERNATIONAL SCHOOL

ENTRANCE REGISTRATION FORM

Name/Pupil/Student: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: _____ **Age:** _____

Present Class/Form: _____ **Proposed Class/Form** _____

Email Address: _____

Home Address: _____

Phone Number: _____

Language(s) Spoken: _____

Name of Parent/Guardian: _____

Phone No. of Parent/Guardian: _____ **Email of Parent/Guardian:** _____

Signature of Parent/Guardian: _____ **Date:** ____/____/____

OFFICIAL USE ONLY

Student's Performance:

Subject:	Mark (%)
English Language	_____
Mathematics	_____
Science	_____

Marks Interpretation:

Excellent	90 – 100 %	[]
Very Good	80 – 89 %	[]
Good	70 – 79 %	[]
Fair	60 – 69 %	[]
Average	50 – 59 %	[]
Fail	0 – 49 %	[]

Comments/Recommendations:

Admission Granted [] **Class/Form:** _____

Repeat Class/Form [] **Class/Form:** _____

Waiting List []

Admission Not Granted []

Date: _____

PRINCIPAL

PAY REGISTRATION FEE INTO A/C NO. 0262000040010