

**AFRICAN CHILDREN SCHOOL  
THE GAMBIA**

Rev Richard Jackson

African Children School

P.M.B. 382, Serrekunda.

Tel: +220 3149296 /+220 3361449 +220 9930117

Your ref.....

Email: [rjackson1964july11@gmail.com](mailto:rjackson1964july11@gmail.com)

Our ref.....

DATE.....

# REGISTRATION FORM

SURNAME: \_\_\_\_\_

OTHER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ RELIGION \_\_\_\_\_

AGE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF PARENT(S) GUARDIAN: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

**HEALTH:      GOOD                      FAIR**  
**HANDICAPPED**

## DECLARATION

I.....accept the offer of place for.....my daughter/son.  
I undertake to pay my child's school fees before the first day of the term (September, January, April) and other charges levied and authorized by the board and management of African Children School. I undertake to give one full term's notice in writing if I wish to withdraw my child from the school or term's school fees in lieu of notice .I undertake to accept the ruling of the school's Head Teacher in all matters relating to school rules and discipline

Signed.....

Date.....

Name .....

**NOTE: FEES PAID ARE NOT REFUNDABLE**

## **PARENTS AUTHORISATION FOR SCHOOL PICK UP**

- **Parent's Name.....**
- **Child's Name.....**

## **LIST NAMES OF ADULTS WHO WILL PICK UP YOUR CHILD**

- **Mr/Mrs./Miss.....**
- **Mr/Mrs./Miss.....**
- **Mr/Mrs./Miss.....**

**If your child is to be picked up by someone whose name is not on the list, the school ID card and a note has to be presented to the school authority for permission. If you would like to add a name to the authorized list, please notify the office in writing**

**Thank you**

**Management**