

SCHOOL BOARDING INTENT REGISTRATION FORM

By submitting the Intent Registration Form, you are indicating your interest in having your child reside at the School Boarding House. However, we will need to review and process the form, and we will contact you separately to confirm your child's placement.

Student Information: • Full Name:
Date of Birth:
Gender:
Grade Level:
Contact Number:
Email Address:
Home Address:
Parent/Guardian Information: • Full Name:
Relationship to Student:
Contact Number:
Email Address:
Home Address:
Emergency Contact: • Full Name:
Relationship to Student:
Contact Number:
Medical Information: • Any known allergies or medical conditions:
Current medications:



•	Doctor's Name and Contact Number:
	onal Information: Preferred Roommate (if any):
•	Special Requests or Accommodations:
•	ments: I agree to abide by the rules and regulations of the school boarding house. I understand that any violation of the rules may result in disciplinary action.
•	I authorize the school to seek medical treatment for my child in case of emergency.
Signa •	ture: (Student's Signature)
•	(Parent/Guardian's Signature)

Please fill out the form completely and submit it to the school administration for processing. Thank you for choosing our school boarding house!

