

## YWCA APPLICATION FORM Helping Early Leavers Programme

## STUDENT INFORMATION

Name:		_	
Name:First	Middle		Last
Nickname (if any):	Date of Birth: _		
Religion:			date/month/year
EDUCATIONAL HISTORY			
Previous School Attended:		Last s	tandard/form reached:
Reason for leaving:			
HEALTH  Does the student have allergies? Yes No  If yes, what?			
Has the student suffered from a serious illness? Y If yes, what?	es No		
Does the student have a chronic illness? Yes			
If yes, what? Is the student currently receiving any medication? If yes, what?			
Dosage?			
FAMILY INFORMATION			
Father's Name:Address:		Pho	one:
Mother's Name:		Pho	one:
Address:			
PAYMENT INFORMATION			
Who will be fully responsible for this student?			
Who will be responsible for payment of fees?  Name:		Pho	one:
Signature:			

## INFORMATION FROM LAST SCHOOL YEAR (to be filled in by the Principal or Class Teacher)

Name of School:			Last standard/form reached:			
Final grades ea	arned in:	EnglishSocial Studies	_ Math_ Behaviou	Science r Effort		
P.S.E. Grades:		English	Math	Science		
Do you recomi	mend this stud	dent for the YWCA's	s Helping Early Le	eavers Programme? Yes	No	
	is Declaration	n can only be signed		·		
to the Helping academic and cobligations. <b>R</b> to be paid at t	Early Leaver disciplinary e egistration for the beginning ATION YWCA to co	s Programme of the 'fforts. I also promise ee and the first mong of each month.	YWCA, I will full e to be up-to-date i ath's fees are due	(name of student in all standards) (name of student y support the student in all standards) in payment for fees and oth at the time of acceptance.	financial, er financial <b>Other fees</b>	
Signature			Date			
For official us P.S.E. Certified Status: Reasons:	d:	d	(b) Rejected			
Administrator'	s signature:			Date:		
For Administration Amount receives	ration Use O ed:		_ Method of paym	nent:		