



BA SANATAN COLLEGE



"Yatra Dharma: Tatra Vijay"
"Victory is where Virtue is".

P.O. Box 224, Ba

MOB: 8359215

email: basanatancollege@gmail.com

OFFICIAL USE ONLY

APPLICATION NUMBER

SCHOOL ADMISSION NUMBER

FEMIS STUDENT ID NUMBER

--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

APPLICATION ADMISSION – 20_____

STUDENT APPLYING FOR: (Tick the appropriate box)

Year 9

Year 10

Year 11

Year 12

Year 13

Please complete ALL the Sections

Please Use Block Letters

Tick Boxes where applicable

A. BASIC INFORMATION (STUDENT)

BIRTH REGISTRATION NO:	POSTAL ADDRESS:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST NAME:	SURNAME:	OTHER NAME:
DATE OF BIRTH:	STUDENT TIN NUMBER:	RESIDENTIAL ADDRESS:

If student living with her/his guardian please fill all

FATHERS NAME:	MOTHERS NAME:	GUARDIANS NAME:
FATHERS TIN NUMBER:	MOTHERS TIN NUMBER	GUARDIANS TIN NUMBER

NEW STUDENT: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CITIZENSHIP OF STUDENT: <input checked="" type="checkbox"/> <input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> INTERNATIONAL	COUNTRY OF CITIZENSHIP: <input checked="" type="checkbox"/> <input type="checkbox"/> FIJI <input type="checkbox"/> OTHERS PLEASE SPECIFY
REPEATER: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO	TRANSPORT: <input checked="" type="checkbox"/> <input type="checkbox"/> FOOT <input type="checkbox"/> BUS <input type="checkbox"/> RSL	BOARDER: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO

MEDICAL INFORMATION:

HAD YEARLY HEALTH CHECK: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO	HAD DENTAL CHECK: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY MEDICAL CONDITION THE SCHOOL SHOULD KNOW? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes Specify: _____
---	--	--

CONSENTS:

SCHOOL ACTIVITIES: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO	DENTAL CHECK: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO	SPORTS: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES... <input type="checkbox"/> ATHLETICS
HEALTH CHECK: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO	SWIMMING: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO	EXCURSIONS: <input checked="" type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO	

B. ACADEMIC QUALIFICATIONS (FILL IN THE SUBJECTS SAT AND THE MARKS)

LAST SCHOOL ATTENDED: YEAR:		
LAST EXAM SAT:		
MATHEMATICS		
ENGLISH		

C. SUBJECT			
YEAR 9 / 10		YEAR 11/ 12/ 13	
ENGLISH		ENGLISH	
MATHEMATICS		MATHEMATICS (LIFE / PURE)	
BASIC SCIENCE		OPTIONAL SUBJECTS	
SOCIAL SCIENCE			
COMMERCIAL STUDIES			
OPTIONAL SUBJECTS			

D. HOME LIFE			
STUDENT LIVES WITH: <input checked="" type="checkbox"/> TICK THE APPROPRIATE ANSWER			
<input type="checkbox"/> BOTH PARENTS		<input type="checkbox"/> SINGLE PARENT	
		<input type="checkbox"/> GUARDIAN	
		<input type="checkbox"/> OTHERS	
FATHER EMPLOYED AT:		FATHER'S OCCUPATION:	
MOTHER EMPLOYED AT:		MOTHER'S OCCUPATION:	
PARENT'S RESIDENTIAL ADDRESS		GUARDIAN'S RESIDENTIAL ADDRESS:	
GUARDIANS NAME:		GUARDIANS PHONE NUMBER:	
NUMBER OF FAMILY RESIDING WITH:		NUMBER OF FAMILY WORKING:	
		LIGHTS AT HOME: PLEASE <input checked="" type="checkbox"/>	
		<input type="checkbox"/> BENZINE <input type="checkbox"/> ELECTRICITY	
		<input type="checkbox"/> KEROSENE <input type="checkbox"/> SOLAR	
EMERGENCY CONTACT			
NAME:		PHONE	
RELATIONSHIP		ADDRESS	
MAIN LANGUAGE SPOKEN AT HOME:		FAMILY DOCTOR'S NAME	
RELIGION <input checked="" type="checkbox"/>			
<input type="checkbox"/> CHRISTIANITY <input type="checkbox"/> MUSLIM <input type="checkbox"/> HINDU <input type="checkbox"/> OTHER _____			
<input type="checkbox"/> CATHOLIC <input type="checkbox"/> METHODIST <input type="checkbox"/> SEVENTH DAY ADVENTIST <input type="checkbox"/> ASSEMBLY OF GOD <input type="checkbox"/> BAHAI			

TRANSPORTATION																					
CARD TYPE: <input type="checkbox"/> SUBSIDIZED (BLUE) <input type="checkbox"/> NON-SUBSIDIZED (YELLOW) CARD NO: BLUE: _____ YELLOW: _____ TICK APPROPRIATE <input checked="" type="checkbox"/> RSL: <input type="checkbox"/> YES <input type="checkbox"/> NO																					
<table border="1"> <thead> <tr> <th colspan="2">MEHA TRANSPORT SUBSIDY</th> </tr> <tr> <th>HOME</th> <th>FARE</th> </tr> </thead> <tbody> <tr><td>TRIP 1 (HOME)</td><td></td></tr> <tr><td>TRIP 2</td><td></td></tr> <tr><td>TRIP 3</td><td></td></tr> <tr><td>TRIP 4</td><td></td></tr> <tr><td>TRIP 5</td><td></td></tr> <tr><td>TRIP 6</td><td></td></tr> <tr><td>TRIP ORIGIN</td><td></td></tr> <tr> <td>TRANSPORT TYPE</td> <td>BUS</td> </tr> </tbody> </table> <p><i>Fill this portion only if student is travelling by bus.</i></p>		MEHA TRANSPORT SUBSIDY		HOME	FARE	TRIP 1 (HOME)		TRIP 2		TRIP 3		TRIP 4		TRIP 5		TRIP 6		TRIP ORIGIN		TRANSPORT TYPE	BUS
MEHA TRANSPORT SUBSIDY																					
HOME	FARE																				
TRIP 1 (HOME)																					
TRIP 2																					
TRIP 3																					
TRIP 4																					
TRIP 5																					
TRIP 6																					
TRIP ORIGIN																					
TRANSPORT TYPE	BUS																				

E. DECLARATION

(To be filled by applicant and endorsed by his/her parent/guardian)

I hereby declare that all information entered in this application and attached documents are valid and any discrepancy noted may negate this application. I also declare that I have understood the following documents and agree to abide by all and also understand the consequences of not abiding:

1. School's Rules and Regulations
2. School's Behaviour Management Policy
3. MoE's Student Code of Conduct
4. Student Attendance and Parental Engagement Agreement

Name of Applicant: _____

Signature: _____

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Note: This application must reach school and must include Copies of:

Birth Certificate		<input type="checkbox"/> original submitted <input type="checkbox"/> photocopy submitted <input type="checkbox"/> none submitted
Parents/Guardians TIN Letter/Joint Card		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardians
Passport Photo's (4)		
Clearance		
Femis Student Transfer		
External Examination Results		
Internal Examination Results		
*Bus Fare Form		<input type="checkbox"/> Form <input type="checkbox"/> Payslip <input type="checkbox"/> Declaration Form

OFFICE USE ONLY:

Application received with relevant documents:

Enrolling Officer (Name & Sign)

Date