



HAPPY HEARTS NURSERY AND PRIMARY SCHOOL

ORDER N°570/J/07/0/MINEDUB/SG/DMPBE/SDA/PA OF 02 DECEMBER 2024

P.O Box 78 South West Region, Cameroon

Motto: *Planting seeds of knowledge that last a lifetime*

ADMISSION FORM (2025 -2026)

Admission date _____

For entry into: Pre-Nursery ☐ Nursery ☐ Primary ☐

Please state your child's current Class _____

Pupil's Details

Name _____

Family name

First name

Middle name

Child's Nick name _____

Gender: Boy ☐ Girl ☐

Date of birth (DD/MM/YY) ____/____/____ Current age (Month/year) _____

Country of birth _____ Place of birth _____

What is your child's first language? _____

What languages are spoken at home? _____

What are some talents/gifts your child possesses? _____

Where did your child previously school? _____

Parent's Details

Father's/ guardian's name _____

Current address _____ Occupation _____

Mobile _____

Mother's / guardian's name _____

Current address _____ Occupation _____

Mobile _____

This is to attest that I, have carefully read the policies of HAHNUPS and do hereby consent to all of them as a prerequisite for the admission of my child to the institution.

Parent/guardian signature _____

The Headteacher _____

MEDICAL INFORMATION SHEET

Upon admission, allergies, health problems or specific treatment must be notified to the School Nurse, in case of emergency and/or hospitalization.

MEDICAL RECORDS / PARAMETERS

	ABO Blood group type	A	B	AB	O
1.	Medical history	Asthma Haemophilia Sickle cell anaemia Diabetes Allergy..... Other(s).....			
2.	Treatment(s)				
3.	Has your child been operated upon?	If so, can you please name the operation site			
4.	Has your child received all his/her routine vaccines	<div style="display: flex; justify-content: space-between;"> YES NO </div> You are kindly required to provide us with your child's vaccination record			
5.	If your child brings any personal medication to school, please note the names and quantities below. These medicines must be handed to the nurse to be kept in the school dispensary.				

If you wish any of this information to be kept confidential, please send it in a sealed envelope marked 'For the attention of the School Nurse'

Parent's name and signature.....

Head Teacher's Signature.....