



LAKE ROAD PTA SCHOOL

P.O. Box 320042 Woodlands Lusaka Zambia
 Tel: Administration – 263901, Primary – 262295, Secondary - 260616
 Email Address: FAX: 263901; Email: lakeroad@zamnet.zm

MEDICAL AND INFORMATION FORM

A. PARTICULARS OF PUPIL

SURNAME		FIRST NAMES	
RESIDENTIAL ADDRESS			
RESIDENTIAL ADDRESS			
POSTAL ADDRESS			
SEX		DATE OF BIRTH	
RELIGION		HOME TELEPHONE #	

B. DETAILS OF FATHER

SURNAME		FIRST NAMES	
RESIDENTIAL ADDRESS			
PLACE OF WORK			
OFFICE/HOME #			
EMAIL ADDRESS			
EMERGENCY #			

C. DETAILS OF MOTHER

SURNAME		FIRST NAMES	
RESIDENTIAL ADDRESS			
PLACE OF WORK			
OFFICE/HOME #			
EMAIL ADDRESS			
EMERGENCY #			

D. PAYMENTS OF FEES

Paid by father/mother/organization (state which)

E. STATE WHICH HOSPITAL OR PRIVATE CLINIC THE CHILD IS REGISTERED

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F. If your child suffers from any allergy or disease, or has any medical problems which you feel the school should know about e.g. epilepsy, deafness, allergy to penicillin etc, please specify

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G. NAMES OF ANY BROTHERS AND SISTERS CURRENTLY ENROLLED AT LAKE ROAD PRIMARY/SECONDARY SCHOOL

NAME	GRADE
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PLEASE RETURN THIS FORM IMMEDIATELY TO THE CLASS TEACHER