



**Munro & Dickenson Trust
HAMPTON SCHOOL
BOARDING APPLICATION FORM**

Name of Student: _____ Age: _____ DOB: _____

Year of Entry: _____ Term of Entry: _____

Grade: _____ Nationality _____

1. Name of Parent/Guardian: _____

Address: _____

Occupation: _____

Telephone #: _____ Email Address: _____

2. Name of Parent/Guardian: _____

Address: _____

Occupation: _____

Telephone #: _____ Email Address: _____

Food Allergies: Please list below the food items to which your daughter/ward is allergic to, or cannot eat due to religious reasons: _____

(Please note that a doctor's certificate confirming the above allergies should be attached to this form.)

Please disclose any health conditions that Administration/Boarding Staff of Hampton School must be aware of which may necessitate specialised care required by your daughter/ward:

Hampton School does not accept any form of responsibilities for the security and safety of the boarder after leaving the school compound or failing to conform to the given safety and security measures.

I hereby certify that the information given above is accurate and complete to the best of my knowledge. I pledge to provide the necessary support (financial and otherwise) to my daughter to ensure her compliance with the Boarding and School Rules.

Parent's Signature: _____ Date: _____

I hereby declare that I will comply with the rules and regulations listed in both the Boarding Rules and School Rules.

Student's Signature: _____ Date: _____

N.B.: It is your responsibility to update your contact information, as necessary, after submitting an application form.

.....

FOR OFFICE USE ONLY

Remarks/Additional Information: _____

Approved By: _____ Date: _____

Principal/Vice-Principal

Date