

## **Munro & Dickenson Trust**

## **HAMPTON SCHOOL**

## **BOARDING APPLICATION FORM**

Name of Student:		Age:	DOB:
Year of Entry :	Term of Entry:	Grade:	Nationality
Name of Parent/Guardian	·		
Address:	·		
Parish:			
Occupation:	·		
Telephone #/E-mail	·		
Name of Parent/Guardian			
Address:			
Parish:	·		
Occupation:	<del></del>		
Telephone #/E-mail	<del></del>		
Food Allergies: Please list below the food items	to which your daughter/	ward is allergic, or cannot	eat due to religious reasons:
necessitate specialised care req	uired by your daughter/w	/ard:	
Hampton School does not acceptoarder leaves the school comp			
I hereby certify that the inform pledge to provide the necessary with the Boarding and School R	y support (financial and o		
Parent's Signature I hereby declare that I will com Rules.	ply with the rules and reg	gulations listed in both the	Date: Boarding Rules and School
Student's Signature It is your responsibility to upda	te your contact informati		
Remarks/Additional Infor	FOR OFFICE	USE ONLY	
Approved By:Principal/Vice-	Principal		Date