



APPLICATION FOR VACANCY

Date: _____
Name of Student: _____
Date of Birth: _____ Age: _____
Current School: _____
Level/Grade/Class: _____
Reason(s) for leaving: _____

Name of Parent: _____ Other parent: _____
Tel Contact: _____ Tel contact: _____
Email address: _____ Email address: _____

How did you get to know about Accelerated Christian Education?

How did you get to know about Mikisa School?

When would you like your son/daughter to join Mikisa School?

For official use ONLY:

Child eligible for admission: Yes: _____ No: _____
Vacancy available: Yes: _____ No: _____
If yes, Diagnostic Test to be done on (date): _____
Admitted to start on: _____
Parents advised on(date): _____ Via: _____