



MOTTO: *Teaching and learning across the traditional subject boundaries*

**APPLICATION FOR ADMISSION**

**Academic Year 2024-2025**

For entry into: Grade 7 ☐ Grade 8 ☐ Grade 9 ☐ Grade 10 ☐

Where: Grade 7 = Form 1 Grade 8 = Form 2 Grade 9 = Form 3 Grade 10 = Form 4

**Student's Details**

Name \_\_\_\_\_  
Family name First name Middle name

Preferred name \_\_\_\_\_

Gender: Male ☐ Female ☐

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? \_\_\_\_\_

**Parents Details**

Father's/ guardian's name \_\_\_\_\_

Current address \_\_\_\_\_ Occupation \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Mother's / guardian's name \_\_\_\_\_

Current address \_\_\_\_\_ Occupation \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

*This is to attest that I, have carefully read the policies of SAMINUPSS in the school's website on: pictures, health, insurance, field trips, Discipline and security care and do hereby consent to all of them as a prerequisite for the admission of my child to the institution.*

Admission date/\_\_\_\_\_

Parent's/ guardian's signature \_\_\_\_\_

The Principal \_\_\_\_\_

**St. Michael's International College (SAMICOL)**

(+237) 682-376-584 /694338286

[Info@saminupss.com](mailto:Info@saminupss.com)

[www.saminupss.com](http://www.saminupss.com)