



Saint Michael's Nursery and Primary School (SAMINUPS) Ngeme-Limbe

P.O Box 78 South West Region, Cameroon

MOTTO: *Developing Minds and Learning through Fun and Creativity*

APPLICATION FOR ADMISSION

Academic Year 2026-2027

For entry into: Pre-Nursery ☐ Nursery ☐ Primary ☐

Please state your child's current Grade _____

Pupils 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/gift 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 signature _____

The Headteacher _____



ST. MICHAEL'S NURSERY AND PRIMARY SCHOOL
NGEME-LIMBE

P.O Box 78 South West Region, Cameroon

MOTTO: Developing Minds and Learning through Fun and Creativity

ORDER N°0142/J¹/23/O/MINEDUB/SG/DMBPE/SDAPA 22 AOUT 2022



MEDICAL INFORMATION SHEET

PUPILS' INFORMATION

1.	Name	
2.	Date of birth /Age	
3.	Mothers' address Mothers' phone Mothers' workplace	
4.	Fathers' address Fathers' phone Fathers' workplace	
5.	Family doctor	
6.	Family doctors' Name and address	

Upon admission, allergies, health problems or specific treatment must be notified to the school nurse, in case of emergency and/ or hospitalization.

MEDICAL RECORDS / PARAMETERS

1.	ABO Blood group type	A	B	AB	O
2.	Medical History	Asthma Hemophilia Sickle cell anemia Diabetes allergy Other(s)			
3.	Treatment(s)				
4.	Has your been operated upon?	If so you please name the operation site			
5.	Has your child received all of his/her routine vaccines	Yes		No	
6.	If your child brings any personal medication to school, please note the names and quantities below. These medicines must be handed to the nurse to be kept in the school Dispensary.				

***** If you wish any of this information to be kept confidential, please send it in a sealed envelope marked "For the attention of the school Nurse" *****

Parents' name and signature

Date

SAMINUPS

Kindergartens – Pre-Nursery-Primary

Phone: + (237) 675-789-644/694338286

Email: info@saminupss.com website: www.saminupss.com