REPUBLIQUE DU CAMEROUN
Paix – Travail – Patrie
MINISTERE DES ENSEIGNEMENTS DE BASE
DELEGATION REGIONAL DU SUD-OUEST
****
ECOLE ANGLOSAXONE JOURS
Enseignement General

REPUBLIC OF CAMEROON
Peace – Work – Fatherland
MINISTRY OF BASIC EDUCATION
SOUTHWEST REGIONAL DELEGATION
****
ANGLO-SAXON DAY SCHOOL
General Education

Saint Michael's International College (SAMICOL) Ngeme-Limbe
P.O Box 78 South West Region, Cameroon
MOTTO: ***Teaching and learning across the traditional subject boundaries***

APPLICATION FOR ADMISSION
Academic Year 2026-2027

For entry into: Grade 7 ☐ Grade 8 ☐ Grade 9 ☐ Grade 10 ☐ Grade 11 ☐

Where: Grade 7 = Form 1 Grade 8 = Form 2 Grade 9 = Form 3 Grade 10 = Form 4 Grade 11 = Form 5

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** _____

MEDICAL INFORMATION SHEET

STUDENT'S 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 ……