

Admission Form – Year 2023

Pupil's Details

Surname: _____

First Names: _____

Address: _____

Sex: _____ Date of Birth: _____ Age: _____



PSAC

Year	English	Maths	French	Science	Hist. / Géo
20____					
20____					

Class previously followed:

Year	CI
20____	
20____	

Last school attended: _____ Class applied for: _____

Responsible Party

Name: _____

ID No.: _____

Relationship to Pupil: _____

Address: _____

Occupation: _____

Employer: _____

Address: _____

Telephone

Home: _____

Office: _____

Mobile: _____

Declaration

I, Mr. / Ms. _____, certify that the above particulars are correct to the best of my knowledge and I request the Principal of Port Louis High School to admit my ward, _____ I also agree to abide by the school's Rules and Regulations and any supplementary rules which the Principal / Director may order from time to time. I also understand that this registration is strictly provisional and that the admission of my ward is not hereby assured

For Office Use

Approved

Rejected

Remarks:

Date

Signature of Responsible Party

Signature of Pupil