

Admission Form Year 2018

7 - 9, Rue Ludovic., Le Cornu
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INSTITUTE
of
ISLAMIC
& SECULAR
STUDIES
PORT LOUIS
HIGH SCHOOL

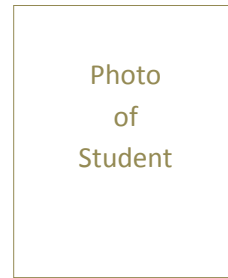
Pupil's Details

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:

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Date

Signature of Responsible Party

Signature of Pupil