

CHRISTIAN ACADEMY IN MOZAMBIQUE

An Institution of OMS International, Inc.
3005 Avenida 24 de Julho
Maputo - Mozambique
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Date of application: ____/____/____

Date received: ____/____/____

STUDENT RE-REGISTRATION FORM

Name: _____ Birth date: ____/____/____ Age: _____ Grade: _____

Parent’s Names (Father/Mother): _____/_____

Address (Maputo): _____ Telephone: _____

Email: _____ Cell Phone: _____

Organizational Affiliation: _____

Name of your health clinic in Maputo: _____

Clinic contact information (Address/Tel): _____

Name of child’s doctor/nurse: _____

Method of Payment:

I will pay the full amount on or before the first day of classes: []

I will make payments: [] Annually [] Semi-Annually [] Quarterly [] Monthly [] Other

I understand that the balance of the school fees is due before the last day of school.
Is there any reason your child should not take part in Physical Education classes, after school or weekend sports, and/or other activities? _____

I understand that the school teaches the Bible and principles of personal faith and agree to be supportive of the total school program, and I hereby affirm the validity of the information I have provided on this application form. I accept responsibility for the prompt payment of fees and replacement cost of any material damaged or lost by my child. I will ensure my child’s regular and punctual attendance. This form grants permission for my child to participate in school sponsored field trips and activities, and hold the school and its personnel harmless for any accidents experienced therein.

Signed this ____ of _____, 20 ____

(Printed Full Name)

(Signed)

Revised 11 Dec. 2007

“Train a child in the way he should go, and when he is old he will not turn from it.” Proverbs 22:6