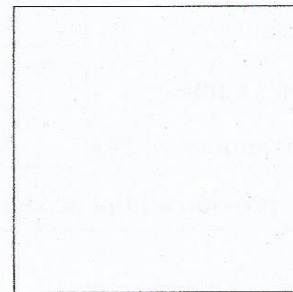




Institut Aurora

8 Avenue Kalemie
Commune de la Gombe / Kinshasa
République Démocratique du Congo



Registration Form

Date of Registration: Grade : _____

First name :

Family name :

Date of birth : Place of birth _____

Nationality : _____ Gender M F

Home address :

Father's name :

Phone number : +243

Whatsapp number : +

Email address :

Pick up Yes No

Mother's name :

Phone number : +243

Whatsapp number : +

Email address :

Pick up Yes No

In case of emergency, aside from the parents, please contact :

Name :

Phone number: +243

Relation with the child : _____

In case of emergency, I authorize Institut Aurora to take my child to the hospital mentioned below and accept to pay the intervention cost.

Hospital _____

Address :

Doctor's name :

Phone number : +243

Please provide all the necessary medical information regarding your child (including allergies):

School Protocol

1. School policies and guidelines should strictly be observed.
2. Mandatory payments :
 - a) Registration fee for new students (non refundable).
 - b) Miscellaneous fee collected annually.
 - c) School fee for the whole term is required even if the child joins the school in the middle of the term.
 - d) A penalty of 5% will be charged for any late payment (refer to the school fee structure).

I agree on the terms mentioned above.

Parent's name :

Date :

Parent's signature :

Required Documents

For School Administration

Copy of student's passport	Level enrolled : _____
Copy of each parent's passport	Date : _____
Copy of report cards	Signature of Principal : _____
School certificate	
Copy of vaccination card	