APPLICATION FORM

Demographic information

1. *Name of Pupil/Student _____*
2. *Date of birth, day ___,Month,_____ year_____*
3. *Medical history of the child (cost/onset of hearing loss)*

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Parent's information

4. *Father's name _____, and occupation_____, current residence_____*
5. *Region of origin_____, Division,_____, Sub division_____, Telephone number_____, Email address_____*
6. *Mother's name _____, and occupation _____, current residence _____*
7. *Region of origin _____, Division, _____, Sub division _____, Telephone number _____*
8. *Name of current school_____*
9. *Name of head teacher _____, Contact of the head teacher_____, email address _____*
10. *School fee of the child, amount in figures,_____*
    Amount in words_____
11. *Which class are you,_____*
12. *Any other disability? If yes, which? _____*
13. *Decision of selection committee _____*