MARVELS ACADEMY

Days of Glory

Learner Admission Form

Complete this form and submit it to the Marvels Academy admissions office.

Learner Full Name	
Date of Birth	
Gender	
Class / Grade Applying For	
Previous School	
Parent / Guardian Name	
Relationship to Learner	
Telephone Number	
Email Address	
Home Address	
Medical or Learning Information	
Emergency Contact Name and Number	

Parent/Guardian Declaration

I confirm that the information provided is accurate and agree to follow the school admission requirements and policies.

Signature: _____ Date: _____