



Maximise Well Christian School

Address: P.O. Box 1929 Port Moresby NCD Papua New Guinea
Phone / Fax: (+675) 311 24 14 Mobile: (+675) 681 70 60
Web: www.maximisewell.info
Email: vkamppi@online.net.pg or maximisewell@gmail.com

Student Enrolment Form

Student Details

Date: _____ Enrolment for year: 200____
First Name: _____ Second Name: _____ Surname: _____
Date of Birth: _____ Gender: *Male / Female* (please circle)
Continuing Student from Maximise Well Christian School? *Yes / No* If Yes, what grade? _____
Continuing Student from another school? *Yes / No* If Yes, which School? _____

Parent / Guardian Details

Father's/Guardian's Name: _____ Mother's Name: _____
Address: _____

Employer(s): _____
Address of work place: _____
Phone: _____ Fax: _____ Mobile: _____
Email: _____
Emergency contact person if parent/guardian unavailable: Name: _____
Phone: _____ Fax: _____ Mobile: _____
Describe any allergies the student may have: _____

Name of parent / guardian filling out this form: _____
Contact phone: _____
Signature of parents / guardian(s): _____

School Fees (annually)
(K100 discount per additional child)

ABC / Prep – **K1200**
Grades 1 to 12 - **K1300**

Compulsory upfront payment of **K325** per child.