

VILLA54

Student Check in Form

Move in Date	
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STUDENT PARTICULARS	Name and Surname
	ID
	Phone number
	Email address
	Instintution
	Student Number

NEXT OF KIN	Parent/ Guardian
	Phone number
	E-mail

MEDICAL INFORMATION	Allergies
	Medical Condition
	ICE Contact
	Phone Number

DECLARATION	Signature
	Date

For office use

ROOM ALLOCATION	Room Number/Name
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OFFICIAL	Signature
	Date