

Name of organisation: _____

Particulars of child registered				Identity number				For statistical purposes only				Particulars of relative parents/ carers			Comments		
No.	Surname	First name	Date of Birth YYYY/MM/DD	Duplicate child information	DOB YY/MM/DD	Middle 4 digits	Last 3 digits	Age in years	Gender	Race	Foreigner	Disability	Single parent	Gross income of father / guardian		Gross income of mother / guardian	Total joint monthly income
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