



REGISTRATION FOR LEARNER

Passport Photo

CHILD INFORMATION - Attach birth certificate, report card & parents ID

Name:					
Surname:					
Gender:					
Date of birth:					
Nationality:					
Centre applying to:					
Age:					
Region applying to:					
Current school:		Current Grade:		Level	
Hostel :					
Can the child read:					

HOUSEHOLD INFORMATION

Name:					
Surname:					
Gender:					
Nationality:					
ID Number:					
Relationship to Child:		Contact number:			
Occupation:					
How many live in the house:		Which Location do you live:			
How many are working					
Is mother alive:		Father alive:			
Emergency contact number:		Name:			
Any medical problems:					
If yes, please specify					

RESILIENCE SCORE

	No	Some times	Yes
Do you have people you want to be like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is doing well in school important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you open to talk to your parents about problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you complete task given or that you started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you solve problems without hurting yourself or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know where to get help (bullying, sick, hurt, theft, harassment, fire, etc.?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you fit in with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think your family cares about you when times are hard (for example, if you are sick or have done something wrong)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think your friends care about you when times are hard (for example, if you are sick or have done something wrong)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you treated fairly in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have chances to show others that you are growing up and can do things by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know what you want to be when you grow up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>