



Affix Passport

ADMISSION FORM

Tick where applicable: Discovery [] Year 2-5, Basic Education [] Year 6-11/12+14, Senior Secondary [] Year 15-17

PERSONAL DATA:

Surname:
Other Names:
Date Of Birth:
State Of Origin:
Nationality:
Name Of Parents/guardian:
Occupation/designation:
Contact Address (office):
Telephone Number(s):
Contact Address (residential):
Note: please notify school promptly in case of a change in address

EDUCATIONAL INFORMATION:

School Last Attended:
Class Completed:

HEALTH INFORMATION

- a. Disability
b. Ailment (specify please by ticking the appropriate box)
[] ENT [] Asthma [] Sickle Cell Anaemia [] Migraine

Is He/She allergic to any food, insect bite, animals etc (Yes/No)
If (Yes) which
Would you allow any form of first aid to be administered to your child by school?(Yes/No)

REQUIREMENTS:

- i. The admission is strictly on merit after placement tests.
ii. All completed registration forms should be accompanied with
1. Child's birth certificate (not declaration),
2. Photocopies or his/her immunization record
3. Recent passport photographs.
4. Past Examination Result Sheet.
5. Certificate or Testimonial
6. Transfer Certificate.

UNDERTAKING

I, of, hereby confirm that the information provided above is true and correct.

Date
Signature of Parent/Guardian