

THE BELLS (Crèche, Nursery & Primary) Montessori

Km 11 Off Idi-Iroko Road, Opposite Intercontinental Distilleries Ltd. P.O Box 892, Ota, Ogun State, Nigeria.

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ADMISSION FORM

SURNAME:

OTHER NAMES:

(IN BLOCK LETTERS)

DATE OF BIRTH: SEX:

(DAY MONTH YEAR)

STATE OF ORIGIN: LOCAL GOVT:

FATHER'S NAME:

OCCUPATION: OFFICE ADDRESS:

HOME ADDRESS:

MOBILE TELEPHONE: E-MAIL ADDRESS:

OFFICE TELEPHONE:

MOTHER'S NAME: OCCUPATION:

OFFICE ADDRESS:

MOBILE TELEPHONE: E-MAIL ADDRESS:

OFFICE ADDRESS:

RECORD OF SCHOOLS ATTENDED WITH DATES

I.

II.

A COPY OF BIRTH CERTIFICATE.....

RECORD OF VACCINATIONS OR IMMUNISATIONS (*Tick appropriately*)

Polio Tetanus Whooping Cough Diphtheria Small Pox Measles Yellow Fever Cholera

RECORD OF INFECTIOUS DISEASE (IF ANY).....

FOOD ALLERGY:

BOARDER OR DAY PUPIL:

UNDERTAKING:

I undertake and agree to pay each term's or year's fees in advance and give at least a term's written notice before withdrawing my child from the school or to pay a term's fees in lieu of notice. I also agree to comply with all conditions stipulated in your school prospectus which I have read carefully with full understanding.

.....
Signature of Parent

.....
Signature of Candidate