

# BUSY MINDS NURSERY AND PRIMARY SCHOOL

5 Kusenla street, off Chicso Bustop, Lekki – Epe Expressway.

TEL: + 234 703 124 1085; + 243 808 744 4746

*busyminds.frontdesk@gmail.com*

## Application for Admission

Child's Last Name..... Date of Birth .....

Other Names ..... Proposed Year of Entry: ..... Age.....

Program Applied for: .....

Details of Education to date (If any) .....

Sibling Information, if applicable: (Name, Gender, Age)

1).....

2).....

3).....

All special matters relating to your child of which the school should be aware .....

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Religious Denomination ..... Nationality .....

Names of Parents (or Guardians):  
(Please state: Dr, Mr, Mrs, Ms, other)

Marital Status: .....

Mother: .....

Father: .....

Profession/Occupation .....

Profession/Occupation .....

Home Address (Mother)

Home Address (Father)

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Telephone (Mother)

Telephone (Father)

Day ..... Evening.....

Day ..... Evening .....

Email .....

Email .....

Admission will follow a parent interview.

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To be signed by parents/guardians:

I / We understand that filling and returning this form is the first step in the process of my child's admission .

I / We enclose a non-refundable processing fee of **N10, 000.00**.

Signed .....

Signed .....

Name .....

Name .....

Date .....

Date .....