

PUPILS DETAILS

NB: The fields marked with asterik are compulsory

School Name_____

A. PUPIL BIO DATA

1. Pupil Admission Number_____Class_____
2. Surname_____First Name_____
3. Other Name(s)_____Gender_____
4. Religion_____Date of Birth_____ (DD/MM/YYYY)
5. Local Govt._____State of Origin_____

B. MEDICAL RECORD

1. Allergies_____
2. Genotype_____Blood Group_____Disability_____
3. Use Glasses: Yes ☐ No ☐ If yes, Reason_____

C. CONTACT

- a. Contact Post Code_____
- b. Contact Address_____
- c. Contact City_____
- d. Contact Telephone_____Mobile Tel_____
- e. Postal Country_____
- f. Postal State_____Postal Code_____

D. PREVIOUS SCHOOL ATTENDED

- a. Previous School Name_____
- b. Previous School Tel_____
- c. Reason(s) for Leaving_____
- d. Date Left_____
- e. Transfer Certificate Ref_____
- f. Last Class Passed_____
- g. Previous School Address_____

E. PARENT(S)/ GUARDIAN INFORMATION

- a. Parent's Name_____
- b. Parent Status: Together ☐ Divorced ☐ Separation ☐

A. FATHER

1. Surname_____First Name_____
2. Other Name(s)_____Occupation_____
3. Telephone_____E-mail_____
4. Contact Address_____

A. MOTHER

1. First Name _____Maiden Name_____
2. Occupation_____Telephone_____
3. Email_____
4. Contact Address_____



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ADMISSION FORM

Form No_____

Name_____

Surname

Other Name

Gender: Male/Female: Date of Birth_____Aged_____

Father's Name_____Occupation_____

Father's Residential Address_____

Father's Contact Address_____

Mobile Phone No_____

Mother's Name_____Occupation_____

Mother's Residential Address_____

Mother's Contact Address_____

Mobile Phone No_____

Class desired on Admission_____

State of the Child's Health_____

Father's Signature/Date_____Mother's Sign/Date_____

Head Master's Sign/Date_____

Form Slip:

Name of Father/Guardian_____

Father's Contact Address_____

Father/Guardian Signature/Date_____

Head Master's Signature/Date_____

Affix Recent
Passport Photo
here

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Passport Photo
here