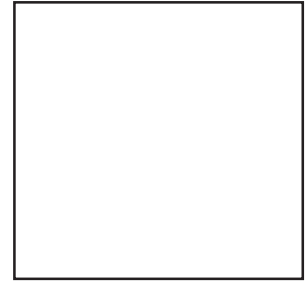




# APATA MEMORIAL Nursery & Primary School

Plot 36/42, Godwin Omonua Street,  
Ire-Akari Estate, Isolo  
P. M. B. 1139, Mushin, Lagos.  
Telephone: 4522717



## ADMISSION FORM

**No.:** 06/040

### A) CHILD'S / WARD DETAILS

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Sex: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_ State Of Origin: \_\_\_\_\_

Position In The Family: \_\_\_\_\_ Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address (Res.): \_\_\_\_\_

Phone (Res): \_\_\_\_\_

Class Entry Required: \_\_\_\_\_ Session / Term: \_\_\_\_\_

Previous Schools attended if any

From	To	Former Schools Attended	Reason For Leaving

#### FATHER

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

#### MOTHER

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

#### GUARDIAN

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

The Above Named Child Lives With (please Tick)

Mother

Father

Both Father & Mother

Guardian

**B) HEALTH RECORDS**

..... YES/NO

Deaf: \_\_\_\_\_ Blind: \_\_\_\_\_ Asmatic: \_\_\_\_\_ Sickle Cell Disease: \_\_\_\_\_

Dumb: \_\_\_\_\_ Typhoid Fever: \_\_\_\_\_ Skin Disease: \_\_\_\_\_

**Which Hospital Do You Prefer In Emergency?**

School Yes  No

Family Doctor Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

**Person To Be Contacted In Emergency**

Name: \_\_\_\_\_

Tel. No. (Mobile) \_\_\_\_\_

General: Any other information about your child/ward which you believe would be useful.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**C.) DECLARATION / AGREEMENT**

*I hereby declare that I understand and accept the conditions of admission. I also declare that the information given above is correct to the best of my knowledge and if the child/ward is admitted to the school he/she will be of good behaviour. I promise to co-operate and abide by all rules and regulations now in force and created thereafter by the school authority.*

Parent's/Guardian's Name/Signature/Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Admitted into Class \_\_\_\_\_

Receipt No. & Date of Payment \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_  
Headteacher

\_\_\_\_\_  
Proprietress