Aweforte Manor Preparatory School

Plot 78, K-Line, Ewet Housing Estate, Uyo, AKS.
Tel: 0814 053 9776, 0812 888 8670 Email: awefortemanorschool@gmail.com

ADMISSION FORM

A. PUPIL

Name of Child (Surname):	(Other Name):	
Age:	Date of Birth:	Gender:
Residential Address:		
Last School Attended:		
Religion of Child:	Proposed Date of Entry:	
Languages Spoken:	(1) (2) (3)	
Sate of Origin:	L.G.A:-	
Fluent in:		

B. PARENTS / GUARDIAN DETAILS

Father's Name (F):		
Mother's Name (M):		
Occupation:	(F)	(M)
Office Address:	(F)	(M)
Office Address:	(F)	(M)
Office Phone:	(F)	(M)
Mobile Phone:	(F)	(M)
Email:	(F)	(M)

C. MEDICAL HISTORY

Blood group / Genotype:
Immunization to Date: DPVOPV Triple: HIB: (PLEASE BRING ORIGINAL IMMUNIZATION CARD FOR SIGHTING)
Measles
Allergies
Family history: (Position in family)
Infectious disease or any other medical condition (e.g. Asthma /sickle cell etc)
Hospital child attends
Name of child's doctor
Hospital's phone number
Doctor's phone number

(Kindly attach a copy of Child's Medical report. Note: This is mandatory)

Persons to Contact in Event of an Emergency:

	Name	Relationship	Contact No:
1.			
2.			
3			

Persons Designated To Pick up Child:

	Name	Relationship	Contact No:
1.			
2.			
3			

(Passport Photograph of Person(s) is required)

In the event of withdrawing my child/ward from Aweforte Manor Preparatory School, I agree to give notice of not less than four weeks few in lieu of notice.

Parent's Signature: …… Date: ……

FOR OFFICIAL USE ONLY
Admission No.:
Date Admitted:
Administrator's Signature:
Head Teacher's Signature:
Settling format received:
Student Withdrawn:
Official Stamp