BERITH NURSERY AND PRIMARY SCHOOL

…Raising Tomorrow's Champions…

Bethel Wonder City, lekki-epe Exp. way, Ajah. Lagos.
Email: berithschools@gmail.com Phone: +2349080336442

Attach child's passport photograph here

Online Registration Form

Child's Name: _____ **Date of Birth**: _____

Gender: M ☐ **F** ☐
Nationality _____ **Age** _____

Religion _____

State of Origin _____

Town/Local Govt. _____

Blood Group _____**Genotype** _____

FAMILY INFORMATION
Family Emails: _____
Parents name: _____
Cell Phones: Father _____ Mother _____
Address: _____
City: _____ State: _____
Occupation: Father: _____ Mother: _____
Enrollment Class: _____
Any previous school experience? _____
If yes, previous school name:_____ class_____
Please attached previous school report if applicable.

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Name Signature and Date

Please note: forms should be filled, scanned and sent via email (**berithschools@gmail.com)**