CORNERSTONE MONTESSORI SCHOOLS

Plot 44, David Ejoor Crescent, Gudu. P.O. Box 10865 Garki, Abuja
Tel: 09-7800452, 08098834448, 07027817915, 08035611356

ADMISSION FORM

Child's Name: _____
Surname First Name Others
Name Child is commonly called:_____
Date of Birth_____ /_____ /_____/_____Sex:_____
Nationality:_____State:_____
L.G.A:_____
Residential Address:_____
_____
Father's Name: _____
Office Address:_____
E-mail: _____Tel No(s):_____
Mother's Name: _____
Office Address:_____
E-mail: _____Tel No(s):_____
Does child suffer from any medical condition which the school should be aware of? (YES?NO)
Please state clearly:_____
Name, Address & Telephone Number(s) of Doctor with whom child is registered:_____
_____
Class for which admission is sought: _____Last Class Read:_____
Last School Attended_____
Reason(s) For Leaving:_____
Any other Relevant Information:_____
_____

_____ _____
Father's Signature & Date Mother's Signature & Date

PLEASE SUBMIT THIS FORM WITH PHOTOCOPIES OF CHILD'S BIRTH CERTIFICATE, IMMUNIZATION RECORD AND THREE PASSPORT PHOTOGRAPHS.

FOR OFFICIAL USE

Date Admitted_____ Class Admitted into:_____
Reg No:_____
Registration Officer: _____ Signature_____
Date:_____