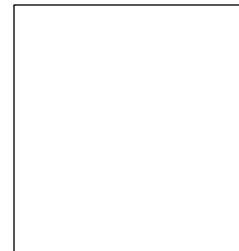




CORNERSTONE MONTESSORI SCHOOLS

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: _____