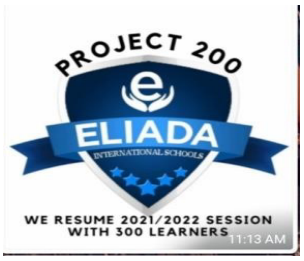

ELIADA INTERNATIONAL SCHOOLS

Plot 1 Frank Airoboyi Close Off Ichella Crescent Ozuoba, Port Harcourt

Email: eliadaschools@gmail.com

Phone: 08065727430

Email:info@eliada.sch.ng,eliadaschools@gmail.com.

Tel: +2348065727430, +2348058585014, +2347085356296

ADMISSION FORM.

Affix Passport

PART A: CHILD'S PERSONAL INFORMATION

SURNAME:_____ OTHER NAMES:_____

GENDER:_____ DATE OF BIRTH :_____/____/_____

CLASS TO HE ADMITTED INTO: _____.

PART B : PARENTS/GUARDIAN INFORMATION:

FATHER'S NAME: _____

OCCUPATION: _____

ADDRESS : _____

RELIGION: _____

PHONE NUMBER: _____

EMAIL: _____

MOTHER'S NAME ; _____

OCCUPATION: _____

ADDRESS : _____

RELIGION: _____

PHONE NUMBER: _____

EMAIL: _____

PART C : HEALTH AND MEDICAL INFORMATION.

Does your child have any health or medical condition?
Yes | No, if yes, please state below

Blood Group: _____

Genotype: _____

Family Hospital: _____

Doctor's Name : _____

Tel. Number: _____

I hereby declare that all information provided by me is completed and true.

_____. **____ _____**

Parent's Name. **Date/ Signature**

IMPORTANT NOTE:

Incomplete application will be rejected, You will need the following to submit the form:

(a) photocopy (b) immunization card (c) Child's last Academic record. And 2 passport photographs