EVIDENCE DAY CARE NUR. & PRY. SCHOOL

(Day & Boarding)

17, Gbadabiu Avenue, Abule-Titun, Alakuko Bus-Stop, Alakuko, Lagos State
P.O.Box 2998 Ikeja. Tel: 0802-3163412

REGISTRATION FORM

PLEASE USE BLOCK LETTERS THROUGHOUT

NAME OF PUPIL:

(Surname first)

SEX:_____ DATE OF BIRTH:_____ AGE:_____

NATIONALITY:_____ STATE: _____ RELIGION: _____

FORMER SCHOOL(if any)

CLASS LAST PASSED: _____ CLASS ENTERING FOR: _____

FULL NAME AND ADDRESS OF PARENT/GUARDIAN: _____

_____

TELEPHONE: Office: HOME:

FATHER'S OCCUPATION: _____ EMPLOYER: _____

MOTHER'S OCCUPATION: _____ EMPLOYER: _____

Do you want your child to be taken care of by the School's Doctor in case of emergency? Yes/No: _____

is there any peculiar characteristic of Child / Ward? If any Explain:

Signature of Parent Guardian: Date:

(FOR OFFICIAL USE ONLY)

Interviewed by: Date:

Remarks:

Class recommended for: Admission Number: