INTERNATIONA MONTESSORI SCHOOL

(Creche, Nursery and Primary)

Raising Future Leaders

2 Tokunbo Street, Off Candos Road, Baruwa Inside, Lagos State
Tel: 08106717301; 07068314190; 08020358103

ADMISSION FORM

I wish to apply for a place in your school for my child

NAME: _____

SURNAME FIRST NAME MIDDLE NAME

SEX: Male ☐ Female ☐

DATE OF BIRTH: _____

NATIONALITY: _____ Religion: _____

STATE OF ORIGIN: _____ L.G.A.: _____

HOME ADDRESS: _____

DISABILITY: Yes ☐ No ☐

HEALTH CHALLENGE: Yes ☐ No ☐

IF YES, KINDLY STATE: _____

CLASS TO BE ADMITTED INTO: _____

PARENT'S/GUARDIAN 'S INFORMATION

MOTHER'S NAME: _____

OCCUPATION: _____

TEL NO. : _____ EMAIL.: _____

FATHER'S NAME: _____

OCCUPATION: _____

TEL NO. : _____ EMAIL.: _____

WHICH IMMUNIZATION HAS YOUR CHILD RECEIVED SINCE BIRTH (SMALL POX, POLIO, TETANUS, WHOOPING COUGH, ETC.) _____

KINDLY SHARE INFORMATION ABOUT YOUR CHILD'S SOCIAL OR SPECIAL EDUCATION NEEDS, IF ANY.

_____

_____

_____

I _____ agree to pay all necessary fees due, in respect of my child in advance and comply with all conditions concerning equipment, care of the child, co-operation, school fees, etc. stipulated.

Please return this form with:

1. Passport Photograph
2. Photocopy of immunization card
3. Photocopy of birth certificate

_____ _____

Proprietress Signature Parent/Guardian Signature