KAZTAL KIDDIES ACADEMY

BRITISH / AMERICAN / NIGERIAN CURRICULA

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ADMISSION FORM

FOR OFFICIAL USE ONLY

Form No .....
Date .....
Signature .....

A. PUPIL'S PERSONAL DATA

Name .....
Surname First Name Other Names

Date of Birth .....
Day Month Year

Country of Birth .....

Nationality .....

Sex of Applicant: Male ☐ Female ☐

Language(s) Spoken .....

Family Home Address.....

.....

Family Mailing Address .....

.....

Religion .....

Class into which admission is sought: **Reception Class** ☐

Nursery ☐ ☐ ☐
1 2 Prep

Grade ☐ ☐ ☐ ☐ ☐ ☐
1 2 3 4 5 6

Child's Former School & Address (If any) .....

.....

School's E-mail Address .....

Child's Last class at Former School .....

Who will pick the Child after School? Name/Tel:.....

Person's Relationship with Child .....

Car(s) Registration No(s) .....

MEDICAL INFORMATION

Blood Group ..... Genotype .....

Any Peculiar Health Problem?..... If yes, Please give details .....

.....

.....

Any allergy? ..... If yes, please give details .....

.....

Records of Immunization: Please circle as appropriate

		Yes	No
Has your child been:	(a) Immunized against Small Pox?	☐	☐
	(b) Immunized against Measles?	☐	☐
	(c) Immunized against Whooping Cough?	☐	☐
	(d) Immunized against Polio?	☐	☐
	(e) Immunized against Tetanus?	☐	☐
	(f) Immunized against Tuberculosis?	☐	☐
	(g) Immunized against Hepatitis A, B, C?	☐	☐

In case of emergency, do you permit the school to take your child to the school clinic? Yes ☐ No ☐
If no, give instruction as to where the child can be treated .....

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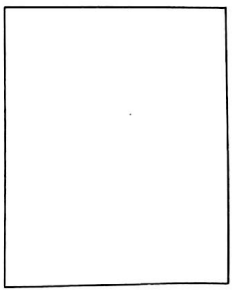
B. PARENTS' DATA



Father's Name (Surname First) .....

Home Address .....

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Occupation .....

Office Address .....

Tel. No(s.) ..... Mobile No(s.) .....

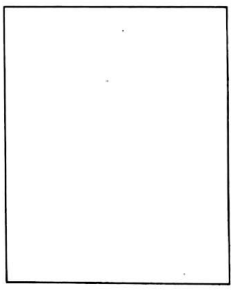
Email Address .....

Date of Birth (Day/Month only).....

Nationality ..... State of Origin .....

Sports & Hobbies .....

Signature & Date ..... Thumb print .....



Mother's Name (Surname First) .....

Home Address .....

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Occupation .....

Office Address .....

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Tel. No(s.) ..... Mobile No(s.) .....

Email Address .....

Date of Birth (Day/Month only).....

Nationality ..... State of Origin .....

Sports & Hobbies .....

Signature & Date ..... Thumb print .....

Wedding Anniversary .....

C. FAMILY BACKGROUND

1. Applicant lives with, both Parents ☐ Father ☐ Mother ☐ Guardian ☐

2. Are Parents separated/divorced? Yes ☐ No ☐

3. Number of Children in the Family .....

4. Child's position in the family .....

Other Information

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For bus services, who receives the child? (Name/Tel. No(s).....

When Parents are not at home, who will take care of the child?

.....

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I affirm that the information provided is correct

....

Name Signature Date