KKES/0...../_____

ADMISSION FORM

Please fill in Block Letters "A-Z"

KITH & KIN
EDUCATIONAL SCHOOLS
NURSERY | PRIMARY | SECONDARY

7/11, Kaoli Olusanya Street, Owode Ibeshe, Ikorodu, Lagos State.
Tel: 08027146847, 07038748847, 08035471732, 08065841783
Website: kithandkinschools.com | **Email:** info@kithandkinschools.com

1. SURNAME

2. OTHER NAMES

3. DATE OF BIRTH (D D / M M / Y E A R) PLACE OF BIRTH

4. SEX: MALE FEMALE

5. STATE OF ORIGIN NATIONALITY

6. **PARENTS DATA:**

FATHER	MOTHER
NAMES	NAMES
OCCUPATION	OCCUPATION
RESIDENTIAL ADDRESS	RESIDENTIAL ADDRESS
OFFICE ADDRESS	OFFICE ADDRESS
TEL: MOBILE	**TEL:** MOBILE
HOME OFFICE	HOME OFFICE
EMAIL	EMAIL

7. **PLEASE GIVE AN OUTLINE OF YOUR CHILD'S ARTISTIC, DRAMATIC, MUSICAL OR SPORTING SKILLS OR EXPERIENCE**

8. **APPLICANT'S PREVIOUS SCHOOL:**

ADDRESS

LAST CLASS ATTENDED

LAST REPORT

9. **HAS THE APPLICANT TAKEN ANY OTHER EXTERNAL EXAMINATION (e.g. Entrance Examination to other Secondary Schools).**

Where?

10. **IS THE APPLICANT TRANSFERRING FROM ANOTHER SCHOOL? IF YES, ATTACH THE TRANSCRIPT OF WORK OF CONTINUOS ASSESSMENT RECORDS.**

ADMISSION FORM

From this section below, please **tick** ☑ appropriately

11. **THE APPLICANT DESIRES** A. Boarding Admission ☐ B. Day Admission only ☐

12. **IF DAY ADMISSION ONLY, DOES THE APPLICANT REQUIRE TRANSPORTATION FACILITY?** YES ☐ NO ☐

13. **DOES THE APPLICANT HAVE ANY DISABILITY?** YES ☐ NO ☐

IF **YES**, KINDLY SPECIFY HERE

14. **DOES HE/SHE WEAR GLASSES?** YES ☐ NO ☐

IF **YES**, KINDLY SPECIFY HERE LONG SIGHTEDNESS ☐ SHORT SIGHTEDNESS ☐

15. **DOES THE APPLICANT SUFFER FROM ANY OF THESE SPECIFIC HEALTH CONDITIONS?** YES ☐ NO ☐

SICKLE CELL ANAEMIA ☐ EPILEPSY ☐ WHOOPING COUGH ☐

ASTHMA ☐ DIABETES ☐ OCCASIONAL MENTAL PROBLEMS ☐

ANY OTHER

16. **HAS THE APPLICANT BEEN IMMUNIZED AGAINST ANY OF THE FOLLOWING?** YES ☐ NO ☐

CHICKEN PX ☐ MUMPS ☐ YELLOW FEVER ☐ POLIO ☐

MEASLES ☐ WHOOPING COUGH ☐ CHOLERA ☐

17. **GENOTYPE** AA ☐ AS ☐ SS ☐

18. **BLOOD GROUP:** (for example O-, O+) ☐ ☐ ☐ ☐ ☐

19. **PLEASE INDICATE YOUR INTRODUCTION TO THE SCHOOL**

TELEVISION ☐ RADIO ☐ STUDENT ☐

PRESS ☐ INTERNET ☐ PARENT ☐

IF ANY OTHER SOURCE, PLEASE STATE:

20. I, _____ CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND PROMISE TO ABIDE WITH THE RULES AND REGULATIONS OF THE SCHOOL.

_____ _____

Parent's Signature **Applicant's Signature**

NOTE: ATTACH THE FOLLOWING COMPULSORY DOCUMENTS:

[1] COPY OF BIRTH CERTIFICATE [2] TWO MOST RECENT PHOTOGRAPHS (COLOR) [3] MEDICAL REPORT

FOR **OFFICIAL USE** ONLY

Admission No

Date of Admission

Class of Admission

Remarks

Admission Officer's Signature