REHOBOTH GROUP OF SCHOOLS

Along Okurho Road, Opposite Ibori Primary School
Oghara, E.W.L.G.A, Delta State
08035300428, 08062893489
rehobothschools@yahoo.com

Affix 2 passport size photographs here

ENROLMENT FORM FOR 2016/2017 ACADEMIC SESSION

PUPIL'S INFORMATION

Name of Pupil _____ _____ _____
Surname *First name* *Middle name*

Date of Birth *(dd/mm/yyyy)* _____ Sex: Male ☐ Female ☐

PARENT/GUARDIAN INFORMATION

Names _____

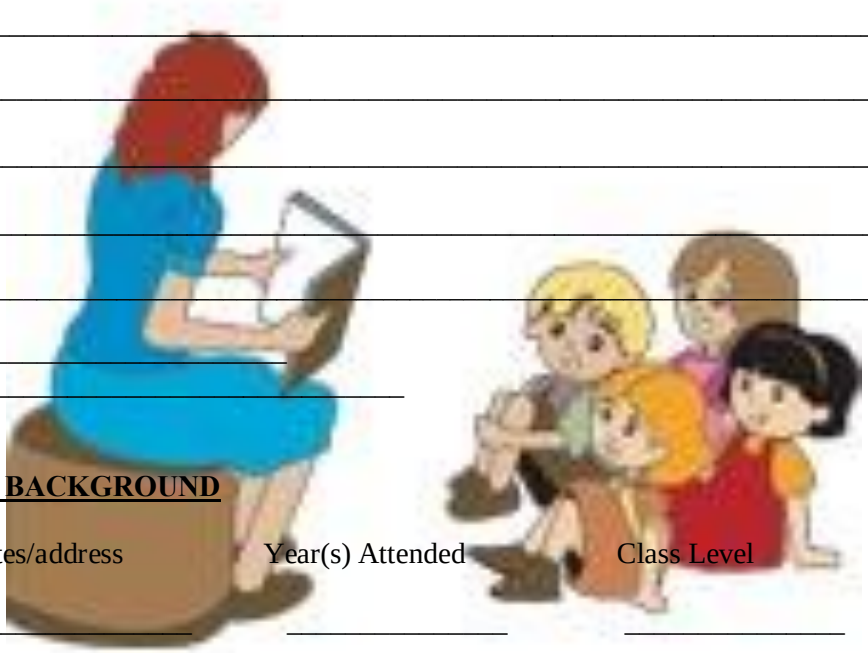
Residential Address _____

Mobile #s _____

Office Address _____

_____

Emergency Contact(s)_____
_____



PUPIL'S EDUCATIONAL BACKGROUND

	School Attended with dates/address	Year(s) Attended	Class Level
1.	_____	_____	_____
2.	_____	_____	_____

Immunization status_____

Sign _____
Parent/Guardian

CHILD PICK-UP / DROP-OFF LOCATION (if logistics is required)

Address:_____

Mobile #:_____

Sponsor's Name: _____Date/SIGN_____

Pls when completed, return the form to the School Administrator along with photo of ***birth certificate*** *and* ***previous academic report***

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OFFICIAL USE ONLY

APPLICATION APPROVED ☐ YES NO ☐

HM Sign _____ Date _____

DATE REGISTERED _____

CLASS ASSIGNED _____

TEACHER _____

REMARKS/COMMENTS

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School fees paid (N_____/term). Teller No_____/ date_____

Development Levy (N_____/annum). Teller No_____/date_____

Payments confirmed/not confirmed by _____

Administrator Sign/Date: _____