RGS/CD/……..…… ……

Recent Passport Photograph

ROOTS GARDEN SCHOOL

3B, Aderoju Adewuyi Street, Awuse Estate, Opebi, Ikeja. Lagos.
Tel: 09093774800, 08183724274.
E-mail: info@rootsgardenschool.com

STUDENT ADMISSION FORM

Registration Details

I am enrolling my child into the ticked class at Roots Garden School.

☐ Infant (6wks-18 Months) ☐ Toddler (18 Months-3yrs) ☐ Children's House (3-6 yrs.) ☐ After School Program

Full Name of child:_____
(*Surname*) (*Other Names*)

Address _____

Nationality:_____ State of Origin:_____ Sex:_____

Local Govt. Area:_____ Date of Birth (*DD/MM/YY*) _____

Parent's Details

Father's Name:		
Occupation:		
Mobile No:		
E-mail Address:		
Signature:		
Mother's Name:		
Occupation:		
Mobile No:		
E-mail Address:		
Signature:		

How did you get to know about Roots Garden School?

☐ Advertisement ☐ Friends ☐ Flyers ☐ Teachers ☐ others Please specify_____

Child's Health Details		
1	Allergies (*Please, State*)	
2	Learning Disabilities	
3	Physical Disabilities	
4	Vaccination Needed	
5	Common Ailment / Sickness	
	Please attach your child's immunization card and birth certificate.	

AUTHORISED PICK-UP PERSONNEL			
1	Name:		Recent Passport
	Occupation		
	Address:		
	Contact Phone No(s):		
	Relationship		

2	Name:		Recent Passport
	Occupation		
	Address:		
	Contact Phone No(s):		
	Relationship		

About Your Child

Has your child ever been in child care before?_____What type (centre, family day-care, grandma etc.)_____

How does your child feel about day-care and being left by his/her mommy/daddy?

_____

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

_____

What is your normal method of discipline?_____

Are there any food restrictions?_____

What is your child's favourite food? _____

_____

What food(s) does your child dislike?

_____

Can your child be relied upon to indicate bathroom wishes? _____

What words does your child use for: Bowel movements_____urination_____?

Are there any siblings? Please name them and specify ages and gender.
Name_____ age_____gender _____

Name_____age_____gender _____

Name_____age_____gender _____

Has your child had experience playing with other children? _____

What language(s) are spoken at home? _____

What are your child's favourite activities, toys, books, or games? _____

Are there any other comments or information you would like to let us know about?
_____
_____
_____

Photograph/ Video Recording Consent

Occasionally, we may take photographs/ video recordings of the children at our school. We use these images as part of our school displays and sometimes in other printed publications. We may also use them on our school website, and other digital media. If we use photographs of individual pupils, we will not use the name of that child in the accompanying text or photo caption. If we name a pupil in the text, we will not use a photograph of that child to accompany the article. If a child has an article, or a child has won an award etc. and the parent would like the name of their child to accompany their picture, please tick below as appropriate.

We need your permission before we can photograph or make any recordings of your child. Please answer the questions below, then sign and date the form where provided below.

	Please circle your answer
I give permission for my child's image to be used within school for display purposes.	Yes/No
I give my permission for my child's image/name to be used in Learning Journeys/Records of Achievements	Yes/No
I give permission for my child's photograph to be used in other printed publications.	Yes / No
I give permission for my child's image to be used on our website.	Yes/No
I give permission for my child's image to appear in the media.	Yes / No
I give permission for my child to have a school photograph taken.	Yes / No

UNDERTAKING:

I…….. hereby attest that all information provided on this form are true to the best of my knowledge and I hereby agree to abide by the rules and regulations of the school. I promise to comply with the policy of the school, its management, and authorities and to support whenever necessary in the development and furtherance of my child's Education.

…….. ……..

SIGNATURE DATE

DO NOT FILL (*OFFICE USE ONLY*)		
1	**Date Resumed:**	
2	**Starting Class:**	
3	**Admission No:**	
4	**Notes:**	…….. …….. …….. …….. …….. …….. …….. …… …….. ……..
5	**Admission Officer:**	