Splendid Steps School

ADMISSION FORM

(Nursery & Primary School)

Session: 20____/20_____

PASSPORT

Applicants for place in Splendid Steps School, who are NOT either the Father or Mother of the child (for children) they are enrolling, MUST delete the word PARENT and insert their own status in regard to that child (or children) e.g. UNCLE, COUSIN.

This form is to be accompanied by:

1. Two passport photographs of the child

2. Original (for sighting only) and photocopy of the child's birth certificate

3. Photocopy of immunization record

Name of Parent/Guardian

Mr./Mrs. _____
(*Full name in block capital letters please*)

Nationality of Father: _____

I wish to enroll my child: _____
(*Full name in block capital letters please*)

Date of birth: _____ Sex: _____

State of origin: _____Religion: _____

Name of previous school(s): _____

_____

Parent/Guardian's Signature: _____Date: _____

Father's Occupation: _____

Mother's Occupation: _____

Full residential address in Nigeria: _____

_____

_____

Phone Numbers	**Father**	**Mother**
Mobile:	_____	_____
Home:	_____	_____
Office:	_____	_____
e-mail:	_____	_____

Number of children that will be attending Splendid Steps School: _____

Health Record

This report will be treated strictly in confidence

Has he/she suffered from any of the following ILLNESSES? Please tick and include dates**.**
- Measles
- Chicken pox
- Whooping cough
- Rubella
- Typhoid

Please tick the VACCINATION already given to the child with dates
- Measles
- Small pox
- Tetanus BCG
- Polio

Has the child been given any other vaccination apart from the ones stated above?(Yes/No) If yes, please state type: _____

Has he/she been admitted in the hospital for any illness? If yes, state year of admission, kind of illness and duration of admission: _____

_____

Has he/she ever undergone any surgical operation? If yes, state year and type of operation and attach surgical report: _____

_____

Any respiratory infection? (Yes/No)

Any eye problem (Yes/No)

Any ear, nose or throat problem?(Yes/No)

Any other infirmity or allergy?(Yes/No)

PARENTS'S SIGNATURE & DATE: _____