TAADEL PRIVATE SCHOOL

138, Okota road, Okota, Isolo Lagos. Tel: 07046262756, 07046262758

Please Attach 8 Passport Photograph

ADMISSION FORM

CHILD DETAILS

NAME: _____
Surname First Other Names

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SEX: _____
Day Month Year

HEIGHT: _____ POSITION IN THE FAMILY: _____

STATE OF ORIGIN: _____ NATIONALITY: _____

TEL (RES): _____ RELIGION: _____

ADDRESS: _____

_____

CLASS ENTRY REQUIRED: _____ SESSION/TERM: _____

FORMER SCHOOL(S) & REASON FOR LEAVING

FROM	TO	FORMER SCHOOL ATTENDED	REASON FOR LEAVING

Do you have other child(ren) in this school? If so:

NAME	AGE	CLASS

NB: Please attach Photocopy of Last Academic Result

PARENTS' DETAILS

FATHER	MOTHER
NAME: _____	NAME: _____
OCCUPATION: _____	OCCUPATION: _____
BIRTHDAY: _____	BIRTHDAY: _____
MARRIAGE ANNIVERSARY: _____	MARRIAGE ANNIVERSARY: _____
OFFICE ADDRESS: _____	OFFICE ADDRESS: _____
_____	_____
OFFICE PHONE: _____	OFFICE PHONE: _____
MOBILE PHONE: _____	MOBILE PHONE: _____
EMAIL: _____	EMAIL: _____

GUARDIAN'S DETAILS

NAME: _____

OCCUPATION: _____

BIRTHDAY: _____

MARRIAGE ANNIVERSARY: _____

OFFICE ADDRESS: _____

The Named Child lives with (Please Tick)

Both Father & Mother ☐

Mother ☐ Father ☐

Guardian ☐

HEALTH RECORDS

Immunization: Has the Child been immunised against any of the following?	Yes/No	Date of last injection
Diphtheria		
Whooping Couph		
Tetanus		
Polio		
Measles		
Others		

The Child's Allergies

1
2
3
4
5

Other Medical Information: Is the child...

Condition	Yes/No
A Sickler?	
Asthmatic?	
Challenged? (Give details)	
Others (Pls Supply)	

Which Hospital Do you prefer in Emergency
(Please Tick)

School: Yes [ ] No [ ]

Family Doctor: Yes [ ] No [ ]

Name: _____

Address: _____

_____

Phone: _____

Person To Be Contacted in Emergency

Name: _____

Tel No (Mobile): _____

General: Any other information about the child, which you believe would be useful:

1 _____

2 _____

3 _____

NB: Please attach Photocopy of Birth Certificate, immunization records and family picture.

DECLARATION

I hereby declare that the information given above is correct to the best of my knowledge and if the child is admitted to the school, he/she will be of good behaviour. I also promise to collaborate with the school authority and abide by all rules regulations of the school

Parent's/Guardian's Name/Signature/Date _____

OFFICIAL USE ONLY

Deposit Paid: _____ **Deposit Paid:** _____

Photocopy of Birth Certificate and immunization record attached?	**Yes [ ]**	**No [ ]**
Photocopy of Last Academic Result and familiy picture?	**Yes [ ]**	**No [ ]**

Comment: _____

_____

_____

_____

_____

Signature/Date/Office Stamp: _____