# TEETOHLUWANI GOD'S HERITAGE SCHOOL

#2 Oduntan Street, Gbodofon area. Osogbo West, Osogbo
Tel: 08054475104, 08076320978, 08109622633
E-mail: teetohluwanischool@gmail.com

## ADMISSION FORM

## CHILD'S INFORMATION

CHILD'S NAME_____

DATE / PLACE OF BIRTH_____

SEX_____ (MALE/ FEMALE)

ADDRESS_____

_____

STATE OF ORIGIN/LGA_____

NATIONALITY_____

CLASS SEEKING ADMISSION INTO_____

PREVIOUS SCHOOL(S) ATTENDED DATE AND CLASS_____

_____

## PARENT'S INFORMATION

FATHER'S NAME_____

FATHER'S MOBILE NO / OCCUPATION _____

MOTHER'S NAME_____

MOTHER'S MOBILE NO / OCCUPATION _____

HOME ADDRESS_____

_____

PARENTS RELIGION_____

## HEALTH INFORMATION

IS THE CHILD HAVING ANY HEALTH CHALLENGE (YES/NO)? IF YES PLEASE SPECIFY

_____

NAME, PHONE AND ADDRESS OF FAMILY DOCTOR _____

_____

## OTHER DOCUMENTS

PLEASE TICK AS APPROPRIATE ☐

COPY OF BIRTH CERTIFICATE ☐

COPY OF IMMUNIZATION RECORDS ☐

COPY OF PROGRESS REPORT FROM PREVIOUS SCHOOL ☐

TWO PASSPORT PHOTOGRAPH ☐

## FOR OFFICIAL USE ONLY

DATE AND CLASS ADMITTED TO THIS SCHOOL _____

REGISTRATION NO._____

## DOCUMENTS REQUIRED FOR ADMISSION

- Photocopy of Birth Certificate
- Photocopy of Immunization records
- Photocopy of last Progress Report from previous school.
- Two passport photograph of pupil.