

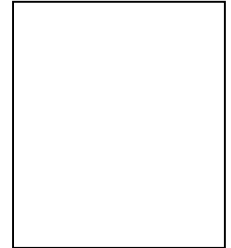


TEETOHLUWANI GOD'S HERITAGE SCHOOL

#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.