



Passport

TENDERVILLE SCHOOL LEKKI PHASE I, LAGOS

Plot 23A, Babatunde Anjous Avenue, Off Admiralty Way, Lekki Phase 1

Website: www.tendervilleng.net

070849

CHILD'S BIO DATA

Surname:

First Name:

Other Names:

Date of Birth: (DD/MM/YY)

Gender:

Home Address:

Proposed Month of Entry:

Entry Level:

Name & Address of last School:

OFFICIAL USE

DATE RECEIVED:

PROPOSED CLASS

SPACE AVAILABLE: YES:

NO:

PROPOSED START DATE:

COMPLETE DOCUMENTS SUBMITTED:

YES:

NO:

PARENTS/GUARDIAN INFORMATION

Name of Parents/Guardians:

Home Address of Parent's / Guardians:

Office Address of Parent's / Guardians:

Email Address:

Phone Numbers:

IN CASE OF EMERGENCY (CONTACT)

NAME	RELATIONSHIP TO CHILD	TEL. NUM

ch of the following has your child had and how many doses

is B
is A

No of Doses

Fever
n pox

gitis A & C
s Toxoid

PARENTS DETAILS

Name:

ess:

Number:

e:

Signature:

child on any regular medication?

Yes:

No:

lease give details:

our child have any know drug allergies?

Yes:

No:

lease list all allergies:

onset of allergic reaction:

to be taken onset of reaction:

authorize **Tenderville** to take your child to the hospital if we determine your
ed medical attention? Please tick the appropriate option Yes: No:



THE FOLLOWING SHOULD BE RETURNED WITH FILLED P

1. EVIDENCE OF PAYMENT.
2. 2 RECENT PASSPORT PHOTOGRAPHS
3. A COPY OF BIRTH CERTIFICATE
4. A COPY OF IMMUNIZATION RECORDS
4. LATEST COPY OF ACADEMIC RECORDS FROM PREVIOUS SCHOOL.