ENROLLMENT APPLICATION FORM

WATERED GARDEN SCHOOLS

No. 2, Olaigbe Street, off Fatade Road, Baruwa- Ipaja, Lagos, Nigeria.

PIX

Session enrolled for: 20___/20___ Starting Day/Year: _____

1. **Child's Full Name:** _____

   ☐ Age ☐ Date of Birth ☐ Boy ☐ Girl

   Home Address: _____

   School last attended (if any): _____

2. ☐ **Father** ☐ **Step father** ☐ **Legal Guardian** *(tick one)*

   Name: _____

   Address: _____

   Phone: **Mobile** ☐ **Home** ☐ **Office** ☐

   Occupation: _____ Driver's Lic./ Nat. ID No: _____

   Employed by: _____

   Employer address: _____

3. ☐ **Mother** ☐ **Step mother** ☐ **Legal Guardian** *(tick one)*

   Name: _____

   Address: _____

   Phone: **Mobile** ☐ **Home** ☐ **Office** ☐

   Occupation: _____ Driver's Lic./ Nat. ID No: _____

   Employed by: _____

   Employer address: _____

4. **Marital Status**:(tick one) ☐ **Married** ☐ **Living together** ☐ **Separated** ☐ **Divorced** **Other**

5. **Nearest Relative Not Living with You :** _____

   Address: _____

   Phone: Mobile _____ **Home** _____ **Office** _____

6. **Brothers and Sisters**:

   Name: _____ Age _____

   Name: _____ Age _____

7. List names of persons authorized to take child from school.
   Child WILL NOT be allowed to leave with any other person without WRITTEN authorization.

Name:	Phone:	Relationship:
Address:		
Name:	Phone:	Relationship:
Address:		
Name:	Phone:	Relationship:
Address:		

Parent Signature/Date _____ Director Signature/Date _____