

MOTHER'S NURSERY/PRIMARY SCHOOL



11, Igi Agbade Avenue, Temidire, Sango-Ota.
 23, Ayinde Alao Street, Off Animashaun Estate Rd.,
 Ewupe, Ota, Ogun State.
 TEL: 08023269966, 08024548918,
 08023611737, 08028123887
 www.mothersjoyschools.com

ADMISSION FORM



(Please Type or Print Clearly)

Surname of Pupil _____

Block Letter

Other Names in Full _____

Block Letter

Date of Birth _____

Present Age _____ Years _____ Months _____ Sex _____

Religion _____

Has your child ever been in a school or day Care? Yes/No if so give Name(s) and Date(s) of attendance _____

Reason for leaving _____

Father's/Gaurdian's Name _____

Profession _____

Home Address _____

Telephone No _____

Child's Genotype _____ Blood Group _____

Does He/She have any allergies _____

The above named child lives with (circle one) Mother, Father, both Parents, Guardian please attach birth certificate or a declaration of age when returning this admission form. What immunization against communicable diseases such as Polio, Measles, Small Pox, Diphtheria, Tetanus, Whooping Cough, etc. Has your child received to date?

Please give details and date _____

Date _____ Signature _____

FOR OFFICIAL USE ONLY

DOCUMENT REQUIRED/ENCLOSED

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| 1. Birth Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Passport Photograph | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Evidence of Immunization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Received by _____ | | |
| 5. Date Registered _____ | | |
| 6. Admission Number _____ | | |

 Head Teacher's Signature/Date