

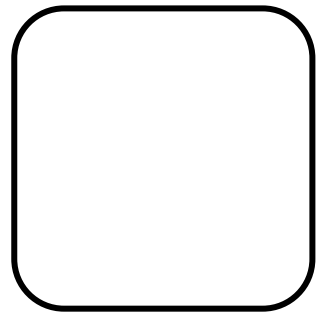


MICHLOM NUR/PRY SCHOOL

DAYCARE * PRESCHOOL * PRIMARY

No 6, Capt. Edward Dagogo Street, close to Garden Resource, Soba Abule-Ado,
Lagos.

Tel: 08035629702, 09057162659, 08034343445



PRIMARY ADMISSION FORM

KINDLY FILL IN BLOCK LETTERS

SECTION 1-CHILD INFORMATION

Surname _____ First Name (tick the name often used) _____

Middle Name _____ Gender: Male Female

Date of Birth (D/M/Y) _____ Age _____

Nationality _____ State of Origin _____

Religion _____ Denomination _____

Previous School (most recent if any) _____

Previous Class _____

SECTION 2-PARENT/GUARDIAN INFORMATION

Father's Details	Mother's Details
Name:	Name:
Home Address:	Home Address:
Occupation:	Occupation:
Telephone 1:	Telephone 1:
Telephone 2:	Telephone 2:
Email Address:	Email Address:

SECTION 3- CHILD'S HEALTH AND SOCIAL RECORD

Does your child have any existing condition of which Michlom should be aware? Yes

No

If any comment _____

Does your child have any serious illness or known allergies that may affect his/her participation in school activities: Food, Medicine, Drinks etc specify _____

Does your child have a particular or restricted diet or eating difficulties?

Explain _____

Any other information _____

Child Doctor's Name: _____ Doctor's Phone No: _____

Child's Insurance Company: _____ Policy No: _____ Phone: _____

In the event that _____ should become ill or injured during school hours and needs urgent medication attention, I give consent to MICHLOM SCHOOL to first attempt to contact me or my guardian. In the event that we are both unavailable, I hereby permit the administrator or her delegate to do whatever she considers is in best interest of my child(ren). This may include giving a specific fever-reducing.

However, where medical attention is deemed necessary, the parent shall be financially responsible for the treatment.

EMERGENCY CONTACT

Name of Parent/Guardian _____

Relationship to child _____ Occupation _____

Address _____ Tel No. _____

SECTION 4-PICK UP & DROP OFF ROUTINES: *(please specify how your child will be getting to school and coming home at the end of the day.)*

- ❖ Parents picks up and drop off
- ❖ Pick up & drop off by a relative or assistant. Name(s) _____
- ❖ Bus (specify bus-stop) _____

PHOTO RELEASE: May Michlom use photos of your child(ren) for our brochure, website, yearbook and motional use? Yes No

Confirm that the information provided in this document is true and accurate in all aspect.

Name & signature of person filling this form _____ Date _____

FOR OFFICIAL USE	
ISSUED DATE:	STUDENT ID: