



Admission Form

PUPIL'S INFORMATION :

1. Child's Surname: _____ 2. Forenames: _____
3. Date of birth: _____ 4. Age: _____
5. Sex: _____
6. Do you have any other child in this school? _____. If yes, enter details below

S/NO	CHILD'S NAME	CLASS
1		
2		
3		
4		

PARENT'S INFORMATION:

FATHER

7. Name: _____
8. Occupation: _____
9. Religion: _____
10. Residential address/Phone No.: _____

11. Office address/Phone No.: _____

12. Other Numbers: _____
13. State of Origin: _____
14. Signature: _____

MOTHER:

15. Name: _____
16. Occupation: _____

17. Religion: _____

18. Residential Address/Phone No.: _____

19. Office Address/Phone No.: _____

20. Other Numbers: _____

21. State of Origin: _____

22. Signature: _____

23. Name of person(s) authorized to collect your child/children: _____

24. Are the two parents still together? _____ If no, please explain in brief

Details of Schools attended, if any:

S/NO	Name of Schools	CLASS	Years of attendance
a			
b			
c			
d			

25. Reasons for leaving last school _____

DETAILS ON HEALTH

26. Does your child have any physical or mental disability?

27. Any health condition we should know about?

28. Any form of allergy?

29. Gone through any traumatic experience?

30. Any previous head, leg or hand injury, e.g. fractures?

31. How is your child's eyesight?

32. Please list all immunizations and date:

33. In case of emergency, tick appropriately:

Administer First Aid and call parents

Administer First Aid and take to hospital

Call parents only

OTHERS

34. What does your child enjoy doing at leisure time?

35. Who stays with your child after school? (Tick as appropriate)

Mother/Father	House Help	Relative

36. On submission of this form you are required to come with the following:

- i- Two (2) passport size photographs.
- ii- Photocopy of Birthday certificate.
- iii- Photocopy of immunization certificate, if any.
- iv- Photocopy of last report sheet from previous school

37. Comments/request:



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