KAWEFUNMI NURSERY SCHOOL

PLOT 1, PADDY ARIKAWE G.R.A. SAGAMU.
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A. ## ADMISSION FORM

Passport Photograph of the child

1. CANDIDATE'S NAME _____
SURNAME

_____
FIRST NAME **MIDDLE NAME**

2. DATE OF BIRTH _____ **SEX** _____
ATTACH PHOTOCOPY OF BIRTH CERTIFICATE

3. NATIONALITY _____ **AGE** _____

4. RELIGION _____ **DENOMINATION** _____

5. STATE OF ORIGIN _____ **TOWN** _____

6. PRESENT SCHOOL _____

7. PRESENT CLASS _____

8. BLOOD GROUP _____ **GENOTYPE** _____

9. ANY PREVIOUS SURGERY YES: ☐ **NO:** ☐

10. IF YES WHERE AND WHEN _____

_____

11. ALLERGY TO ANY DRUG _____

12. NAME OF FATHER _____

(A) HOME ADDRESS _____

(B) OCCUPATION _____

(C) OFFICE ADDRESS _____ **TEL** _____

(D) SIGNATURE _____

13. NAME OF MOTHER _____

(A) HOME ADDRESS _____

(B) OCCUPATION _____

(C) OFFICE ADDRESS _____ **TEL** _____

(D) SIGNATURE _____

Please Give Details of Any Physical Defect/Allergy/Bed Wetting Of the Child