



# Citacad

## NURSERY & PRIMARY SCHOOL

4, Oparah Street, Magado G.R.A. ISHERI, Lagos  
Tel: 01-8126464, 08033185439, 08055517581

AFFIX 3 PASSPORT  
PHOTOGRAPHS

## ADMISSION & REGISTRATION FORM

No. 0000

THIS FORM MUST BE COMPLETED AND RETURNED TO THE RECORD OFFICE  
TO COMPLETE YOUR CHILD ADMISSION PROCESS.

SURNAME						
OTHER NAMES			SEX			
DATE OF BIRTH <small>(BIRTH CERTIFICATE REQUIRED)</small>			AGE AS AT LAST BIRTHDAY			
RELIGION			NATIONALITY		STATE OF ORIGIN	
PRESENT SCHOOL <small>(IF ANY)</small>						
PRESENT CLASS			CLASS FOR WHICH ADMISSION IS SOUGHT			
PARENT'S NAMES IN FULL	FATHER					
	MOTHER					
RESIDENCE ADDRESS						
HOME TELEPHONE NO						
OCCUPATION OF FATHER						
TITLE						
CONTACT PHONE NUMBER						
E-MAIL ADDRESS						
NAME & ADDRESS OF EMPLOYER						
OCCUPATION OF MOTHER						
TITLE						
CONTACT PHONE NUMBER						
E-MAIL ADDRESS						
NAME & ADDRESS OF EMPLOYER						

**CONTACT IN CASE OF EMERGENCY**

NAME	
ADDRESS	
PHONE NUMBER	

**THE CHILD'S MEDICAL RECORDS** (PLEASE TICK)**IMMUNISATION**

		DATE TAKEN		DATE TAKEN
1. BCG	<input type="checkbox"/>		2. MEASLES	<input type="checkbox"/>
3. POLIO	<input type="checkbox"/>		4. DPT	<input type="checkbox"/>
BLOOD GROUP			GENOTYPE	
ALLERGIES				

1. IS YOUR CHILD ASTHMATIC? YES  NO

2. DOES YOUR CHILD HAVE LEARNING DIFFICULTIES

YES  NO

3. STATE ANY OTHER AILMENT, IF ANY, THAT YOU WILL WANT THE SCHOOL AUTHORITY TO NOTE ABOUT THE CHILD

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6. STATE THE NAME AND ADDRESS, IF ANY, OF YOUR FAMILY CLINIC/ RECOMMENDED CLINIC/HOSPITAL

PHONE NUMBER	

**DETAILS OF GUARDIAN**

NAME	
ADDRESS	
TELEPHONE NUMBER	
RELATIONSHIP TO APPLICANT	
WHICH IS THE NEAREST BUS STOP TO YOUR HOME	

DO YOU WANT YOUR CHILD TO BE PICKED FROM HOME (PLEASE TICK), YES  NO

WILL YOUR CHILD STAY AFTER SCHOOL HOUR (PLEASE TICK), YES  NO

MARITAL STATUS OF PARENTS (PLEASE TICK), SINGLE  MARRIED  SEPARATE

I UNDERSTAND THAT THE ACCEPTANCE AND RETENTION OF MY CHILD'S IS ON THE UNDERSTANDING THAT HE/SHE ACCEPTS AND CONFORMS TO THE RULES OF THE SCHOOL. I HEREBY UNDERTAKE TO CONFORM TO THE CONDITIONS AND REGULATION OF THE SCHOOL AS REGARDS HOURS OF ATTENDANCE, PUNCTUALITY, NOTIFICATION OF ABSENCE, PROMPT PAYMENT OF FEES AND COMPLIANCE WITH SCHOOL UNIFORM STANDARDS. NOTICE OF INTENTION TO WITHDRAW MY CHILD FROM THE SCHOOL WILL BE GIVEN ON OR BEFORE THE FIRST DAY OF THE PUPILS FINAL TERM.

SIGNATURE OF PARENTS	FATHER		MOTHER	
DATE	/	/		