

BARUCH DAY SCHOOL

(NURSERY & PRIMARY)

37, Akinsulire street, Aguda, Surulere, Lagos. TEL: 08033018116

ADMISSION FORM

			erny stavulov na gá	MAN SAUTH SHIP S				
A.	PUPIL		(1) 2703 (1) 2015	THE RESIDENCE				
1.	NAME							
	Surname	F	irst Name	Middle Name				
2.	SEX	HEIGHT	DATE OF E	BIRTH				
3.	PLACE OF BIRTH	Alexandrage	AGE LAST BIRTHDAY					
4.	NATIONALITYSTATE OF ORIGIN							
5.	ADDRESS			ERITATION ASSESSMENT OF SE				
В.	SPONSOR							
1.	NAME		20 NOVE (80 NOVE)	SHI SVIOSCONI				
2.	OCCUPATION/PROFESSIONAL							
3.	RELATIONSHIP WITH PUPIL							
4.	RESIDENTIAL ADDRES	SS						
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5.	OFFICE ADDRESS	per serve com o	and baltons, bare boroke	a received that their being beginn				
	27A0		TEL:					

6.		NEXT OF KIN (OF SPONSOR)						
7.		OFFICE ADDRESS (NEXT	OF KIN)			T. W.		
		CONTRACTOR OF	a Yellow					
		A CONTRACTOR OF THE PROPERTY O			_TEL			
C. 1.		OTHER INFORMATION a) FORMER SCHOOL ATT	TENDED WITH	DATE	REIMOA			
		b) CLASS IN FORMER SC						
		c) REASON FOR LEAVING						
2.		THE ABOVE NAMED CHILD LIVES WITH TICK (/) MOTHER () FATHER () BOTH () GUARDIAN ()						
3.		HAS YOUR CHILD BEEN IMMUNISED AGAINST THE FOLLOWING DISEASES?						
		MEASLES	()	POLIO	()	A STANK		
		DIPHTHERIA	()	TETANUS	()			
		WHOOPING COUGH	()	THE NEW	()	2 72 1 28		
4.		IS YOUR CHILD PRESENTLY SUFFERING FROM ANY OF THE FOLLOWING EPILEPTIC FITS, LOST HEARING, DEFECTIVE EYESIGHT, NOSE-BLEEDING, HEAT TROUBLE, ETC?						
IF	so	D, EXPLAIN IN FULL				COM.		
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5.		HAVE YOU ANY OTHER CHILDREN IN THIS SCHOOL? IF SO, GIVE THE FOLLOWINGS:						
		NAME		AGE	CLAS	ss		
(i).				The state of the s	ANTEN TAMES OF			
(ii)								
D.	ere	DECLARATION by declare that all informated to the school he/she will and regulation now in force a	tion given are be of good beh	aviour, I promise	to co-operate and a			
		PARENT'S SIGNATURE			DA	TE		