



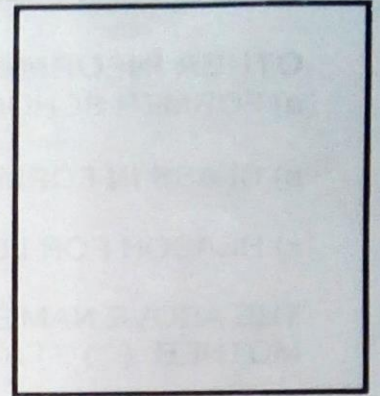
BARUCH DAY SCHOOL

(NURSERY & PRIMARY)

37, Akinsulire street, Aguda, Surulere, Lagos.

TEL: 08033018116

ADMISSION FORM



A. PUPIL

1. NAME _____
Surname First Name Middle Name
2. SEX _____ HEIGHT _____ DATE OF BIRTH _____
3. PLACE OF BIRTH _____ AGE LAST BIRTHDAY _____
4. NATIONALITY _____ STATE OF ORIGIN _____
5. ADDRESS _____

B. SPONSOR

1. NAME _____
2. OCCUPATION/PROFESSIONAL _____
3. RELATIONSHIP WITH PUPIL _____
4. RESIDENTIAL ADDRESS _____

_____ TEL: _____
5. OFFICE ADDRESS _____

_____ TEL: _____

6. NEXT OF KIN (OF SPONSOR) _____
7. OFFICE ADDRESS (NEXT OF KIN) _____
_____ TEL _____

C. OTHER INFORMATION

1. a) FORMER SCHOOL ATTENDED WITH DATE _____
b) CLASS IN FORMER SCHOOL _____
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 () _____
DIPHTHERIA () _____ TETANUS () _____
WHOOPING COUGH () _____ () _____
4. IS YOUR CHILD PRESENTLY SUFFERING FROM ANY OF THE FOLLOWING:
EPILEPTIC FITS, LOST HEARING, DEFECTIVE EYESIGHT, NOSE-BLEEDING, HEAT
TROUBLE, ETC?

IF SO, EXPLAIN IN FULL _____

5. HAVE YOU ANY OTHER CHILDREN IN THIS SCHOOL?
IF SO, GIVE THE FOLLOWINGS:

NAME	AGE	CLASS
(i) _____	_____	_____
(ii) _____	_____	_____
(iii) _____	_____	_____

D. DECLARATION

I hereby declare that all information given are true to the best of my knowledge and if child is admitted to the school he/she will be of good behaviour, I promise to co-operate and abide by all the rules and regulation now in force and created here after by the Proprietress

PARENT'S SIGNATURE DATE