



PAMPERS PRIVATE SCHOOL

Plot 99, Owukori Crescent, Alaka Estate, Alaka, Surulere, Lagos, Nigeria.
Plot 12, Block 88, Doyin Ogungbe Crescent, Opposite Garment Care, Lekki Phase One, Lagos.
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ADMISSION FORM

FOR OFFICIAL USE ONLY

Form No:

Date:

Signature:

A. PUPIL'S PERSONAL DATA

Name:

Surname

First Name

Other names

Date of Birth:

Day

Month

Year

Country of Birth:

Nationality:

Sex of Applicant: Male Female

Language(s) Spoken:

Email Address:

Family Home Address:

Family Mailing Address:

Religion:

Class into which Admission is being sought:

Prep

Nursery:

1

2

Reception Class

Primary:

1

2

3

4

5

6

Child's Former School & Address (If any):

School's E-mail Address:

Child's Last Class at Former school:

Who will Pick the Child after School?

Person's Relationship with Child:

Car(s) Registration No(s):

MEDICAL INFORMATION

Any Peculiar Health problem? If yes, please give details:

Any allergy? If yes, please give details:

Record of immunization: Please circle as appropriate.

Has your child been	(a)	Immunized against Small Pox?	Yes/No	<input type="checkbox"/>
	(b)	Immunized against Measles?	Yes/No	<input type="checkbox"/>
	(c)	Immunized against Whooping Cough?	Yes/No	<input type="checkbox"/>
	(d)	Immunized against Polio?	Yes/No	<input type="checkbox"/>
	(e)	Immunized against Tetanus?	Yes/No	<input type="checkbox"/>
	(f)	Immunized against Tuberculosis?	Yes/No	<input type="checkbox"/>

In case of emergency, do you permit the school to take your child to the clinic? Yes/No

If no, give instruction as to where the child can be treated:

B. PARENT'S DATA

Father's Name (Surname First):

Occupation:

Home Address:

Office Address:

Tel. No. Evening: Day:
Fax No.:
Email Address:
Date & Place of Birth:
Nationality: State of Origin:
Sports & Hobbies:
Signature & Date:

Mother's Name (Surname First):
Occupation:
Home Address:

Office Address:

Tel. No. Evening: Day:
Fax No.:
Email Address:
Date & Place of Birth:
Nationality: State of Origin:
Sports & Hobbies:
Signature & Date:

Wedding Anniversary:

C. FAMILY BACKGROUND

1. Applicant lives with, both Parents Father Mother
2. Are Parents Separated/ Divorced? Yes No
3. Number of Children in the Family:

4. **Child's Position in the Family:**

5. **Names of other Children in the Family and their present Educational Institutions:**

When Parents are not at home who will take care of Children?