



BLUECREST INTERNATIONAL NURSERY/PRIMARY SCHOOL



23, Olora / Federal Housing Road,
Adebayo Quarters, Ado-Ekiti

08148297218, 08148297219

E-mail: bluecrestscool@yahoo.co

Website: www.Bluecrestinternationalschool.com



ADMISSION FORM

FORM NO.....

NAME OF PUPIL.....

SEX..... PECULIAR AILMENT.....

AGE..... DATE OF BIRTH.....

RELIGION..... DENOMINATION.....

HOME TOWN..... STATE.....

NAME OF PREVIOUS SCHOOL IF ANY.....

FATHER'S NAME.....

FATHER'S OCCUPATION..... PHONE NO.....

FATHER'S ADDRESS (HOME).....

FATHER'S ADDRESS (BUSINESS).....

MOTHER'S NAME.....

MOTHER'S OCCUPATION..... PHONE NO.....

MOTHER'S ADDRESS (HOME).....

MOTHER'S ADDRESS (BUSINESS).....

HAS THE APPLICANT ANY BROTHER(S) SISTER(S) IN THE SCHOOL ALREADY?

..... IF ANY, STATE NAME (S) AND CLASS (ES)

NAME

CLASS

1.

2.

3.

N. B: PLEASE ATTACH ONE PASSPORT PHOTOGRAPH AND A PHOTOCOPY OF BIRTH CERTIFICATED/BAPTISMAL CARD & IMMUNISATION CARD.

THE SIGNING OF THIS FORM IMPLIES:

- * An obligation to pay the fees of the pupil at the stipulated time
- * An obligation to repair or make good any or damage to School property casued by Pupil.
- * An obligation to comply with any arrangement, which the School Authority shall judge necessary to make regarding the progress of pupil.

SIGNATURE OF PARENT/GUARDIAN:..... DATE.....

Signed.....
HEADMASTER / HEADMISTRESS

Date of Interview:.....