ADROIT MODEL SCHOOLS

Motto ....Building a Complete Child

Beside Olatunji Coca-cola Depot, Alaafia Street Behind Staleg Mall, Adebayo, Ado Ekiti
07026493998, 07039555441

ADMMISSION FORM

Form No.....

Name. _____
Surname.

Sex: Male: ☐ Female: ☐ Date of Birth ..... Age.....

Permanent Home Address _____

_____

State of Origin ..... Nationality.....

Local Govt. Area _____ Home Town _____

Religion _____

Primary School(s) attended with date _____

(A) _____ (B) _____

Last class passed _____

Present Class _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Parent 's contact Address _____

_____

Mobile Phone number(s) _____

State the Child's Health Problem (if any) _____

Headmaster's Attestation: I confirm that _____

Head Master's Signature _____

Pupil's Signature _____

.....

Examination Slip

Name of Candidate _____

Examination No _____

Examination Centre _____

Examination Date _____

Head Master's Signature & Stamp _____

REGISTRATION FORM

A. CHILD'S DATA

Name (Surname First) .....

Date of Birth.....LGA.....State..... Sex: ☐ Male ☐ Female

Home Address:.....

.....

Home Address:.....

.....

Name & Address of Previous School.....

.....

Previous Class attended with date: class.....from.....to.....

Medical Has Child been Immunized Inoculated up to ☐ Yes ☐ No

B. PARENT / GUARDIAN DETAILS

Name of Father Guardian (Surname First) .....

Home Address..... .....

Occupation.....

Office Address.....

Telephone Number.....

Name of Mother Guardian (Surname First) .....

Home Address..... .....

Occupation.....

Office Address.....

Telephone Number.....

C. OTHER INFORMATION

Does your child suffer from any illness that you want us to know beforehand ?.....

If yes describe.....

Please state any other relevant information you may wish to give us.....

.....

.....

D. DECLARATION

Name of Parent / Guardant .....

....

Signature Date

OFFICIAL USE ONLY

Registration Status .....

....

Name of authorized School Official Date Signature & Date