APPIAN WAY SCHOOLS

CRECHE KINDERGARTEN NURSERY
PRIMARY AFTER SCHOOL SERVICES

Motto: Starting life on the beautiful way.

No. 4 Agbor Ifo Crescent, Off Unity Estate Road,
Abule-Odu, Lagos
Tel: 08034811290, 08056072983
info@appianwayschools.com,
enquiries@appianwayschools.com
www.appianwayschools.com

REGISTRATION FORM

FORM NO.:

Name of Pupil

Surname | *First Name* | *Middle Name*

Sex: **Date of Birth:** *dd/mm/yy*

Nationality:

State of Origin:

Religion:

Home Address:

Educational History

Previous School Attended:

Last Class in Previous School:

FOR OFFICIAL USE ONLY

Remark:

Date:

Admission Number:

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PARENT/GUARDIAN INFORMATION

Parents' Name *Surname* *First Name* *Middle Name*

Mr.

Mrs./Ms

Home Address:

Mobile Phone No.:

Occupation/Office Address:

Guardian's Name: Mr.

Mrs./Ms

Relationship to Child:

Home Address:

Mobile Phone No.:

Occupation/Office Address:

Medical History/ Emergency Contact

Genotype: **Blood Group:**

Allergies/Medical Condition (if any):

In case of Emergency, Who do we contact?

Name:

Relationship to Child:

Mobile No.: **Home Phone.:**

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MEDICAL PERSONNEL INFORMATION

Hospital's Name:

Hospital'sPhone No.:

Hospital Address:

Medical Insurance No.:
(if available)

ADDITIONAL INFORMATION: Please indicate likes/dislikes, potty training, special interest, etc.:

IMMUNIZATIONS: The Federal Ministry of Health requires that we have a photocopy of your child/ward's recent immunization record in our files. Kindly attach a copy of this form.

EMERGENCY CONSENT: Its our policy to notify parents/guardian(s) when a child/ward is ill or needs medical attention. Occasionally , if we cannot contact either of both on time and we need to get immediate help for the child/ward, our next procedure is to take appropriate action on behalf of your child/ward.

I/We hereby consent for my child/ward:

_____

WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTRE BY THE STAFF OF MY CHILD/WARD'S SCHOOL WHEN I CANNOT CONTACTED. I FURTHER AGREE TO PAY ALL COST INCURRED IN THE COURSE OF THE EMERGENCY.

Parent Name:

Signature: **Date:**

Authorized Alternative Pick Up Details

Your child will only be released to the authorized person filled on the form [Parent/Guardian and or Emergency contact]. In case of any unseen circumstance, please indicate the name, address and phone number of any other.

	Name	Address	Phone Number
1.			
2.			