

# DOROTHY SCHOOLS, CRECHE, NURSERY & PRIMARY SCHOOL

## Plot 03 Block III, Dorothy Schools Road

**Off No 76 Victory Way, Satellite Town, Calabar, Cross River State**

# **ADMISSION FORM**

## **INTO THE CRECHE/NURSERY/PRIMARY**

**FORM NO:**

### A. PARENTS

1. i. Name of Father/Guardian: \_\_\_\_\_  
ii. Name of Mother: \_\_\_\_\_
2. i. Address of Father: \_\_\_\_\_  
ii. Address of Mother: (if different from above): \_\_\_\_\_
3. Postal Address: \_\_\_\_\_
4. E-mail Address: \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_
6. Father's/Mother's educational level (highest): \_\_\_\_\_
7. Place of work (Office): \_\_\_\_\_
8. Membership of any social, cultural, tribal Association? \_\_\_\_\_
9. Profession: \_\_\_\_\_
10. No. of Children: \_\_\_\_\_
11. Family Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_
12. Languages spoken: \_\_\_\_\_
13. State of Origin (i) Father: \_\_\_\_\_  
(ii) Mother: \_\_\_\_\_
14. Town (where they live): \_\_\_\_\_
15. Plate number of vehicle to be used for the child: \_\_\_\_\_
16. Who brings the child to the school?  
i. \_\_\_\_\_ Relationship: \_\_\_\_\_  
ii. \_\_\_\_\_ Relationship: \_\_\_\_\_

**B. THE CHILD**

1. Name of Child: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Age: \_\_\_\_\_
4. Sex: \_\_\_\_\_
5. Position in the family (e.g. 1<sup>st</sup> of 6): \_\_\_\_\_
6. Any handicap? \_\_\_\_\_
7. Allergy? \_\_\_\_\_
8. Anything to observe (e.g. sickle cell etc): \_\_\_\_\_
9. Already immunized? (all?): \_\_\_\_\_
10. Who takes the child from the school at closing? \_\_\_\_\_  
\_\_\_\_\_
11. Any other person permitted to visit or take away the child? \_\_\_\_\_  
(Please take note that the School will strictly adhere to your wish here)
12. If Yes, Name of such person and relationship: \_\_\_\_\_  
\_\_\_\_\_
13. Level of class desired for the child: \_\_\_\_\_
14. Date on birth certificate: \_\_\_\_\_ (this should be attached)

**Note:** *The parents/other permitted persons' pictures must be attached to this form.*

**Signature of Parents:**

\_\_\_\_\_

**FOR THE OFFICE:**

- ☐ Child admitted. Date: \_\_\_\_\_
- ☐ Not admitted: \_\_\_\_\_
- ☐ Additional remarks: \_\_\_\_\_
- ☐ Requires further discussion: \_\_\_\_\_