

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. 1st 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: _____