



Blooming-Crest Schools

Motto:- Moulding greatness

2, Seyi Oladejo Street, Off Oremeta Street, Pakuro, Ogun State.

Telephone:- 08024210711, 07047520466 & 08033005366

Email:- bloomingcrestschool@gmail.com

ADMISSION FORM

Passport

A PUPIL'S DATA

SURNAME:- _____

CHILD'S FIRST NAME:- _____

CHILD'S MIDDLE NAME:- _____

DATE OF BIRTH (dd/mm/yy) :- _____

PLACE OF BIRTH:- _____

RELIGION:- _____

NATIONALITY:- _____

STATE OF ORIGIN:- _____

LOCAL GOVT. AREA:- _____

SEX:- Male _____ Female _____

SCHOOL LAST ATTENDED:- _____

CLASS LAST READ:- _____

B PARENT/GUARDIAN'S BIO DATA

NAME OF FATHER: _____

FATHER'S OCCUPATION :- _____

HOME ADDRESS:- _____

EMAIL ADDRESS :- _____

TELEPHONE NUMBER:- _____

C NAME OF MOTHER:- _____

MOTHER'S OCCUPATION :- _____

HOME ADDRESS:- _____

EMAIL ADDRESS :- _____

TELEPHONE NUMBER:- _____

D FINANCIAL COMMITMENT (parent's consent):-

NAME/SPONSOR :-

HOME ADDRESS:-

SCHOOL FEES POLICIES:- Agree ☐ Disagree ☐ If NO reasons

PAYMENT TERMS:- One time payment ☐ Two time payments ☐

OCCUPATION :-

TELEPHONE NUMBER:-

E NAME OF FAMILY DOCTOR (if any):-

NAME AND ADDRESS OF FAMILY HOSPITAL :-

TELEPHONE NUMBER OF FAMILY DOCTOR// HOSPITAL (residence/office)

F MEDICAL HISTORY/HEALTH OF CHILD

1. GENOTYPE :-

a	Measles	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	d	Tetanus	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
b	Whooping	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	e	Tuberculosis	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
c	Polio	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						

**** PLEASE ATTACH PROOF OF IMMUNIZATION RECORD & APPROVAL FROM THE DOCTOR ALLOWING YOUR CHILD TO BE ADMITTED TO CRECHE.**

2. SPEECH DEVELOPMENT:- Slow Average Fast

3. SIGHT:- Clear Vision Needs Aid

4. Is your child/ward an Asthmatic patient- YES NO

If Asthmatic do you know the specific form(s) of Allergy/Allergies the child should always avoid?

5. Has the child/ward ANY other medical condition the school should know about?:-

6. Has the child/ward ever undergone any surgical operation? If Yes, state the year and type of the operation and attach surgical reports

7. Any ear, Nose and throat problem?

G AFFIRMATION

I, agree to place my child/ward named above in **BLOOMING CREST SCHOOLS, No 2 Seyi Oladejo Street, Off Oremeta Street, Pakuro** and hereby undertake to comply with all its rules and regulations as set out in the school's prospectus and will be responsible for payment of his/her fees and other associated expenses.

Name:- Relationship

(Father, Mother, Guardian etc)

Home Contact Address :-

Telephone:-

SIGNATURE

DATE

OFFICIAL USE ONLY

i. Registration Admission No:- ii. Admittance Date:-

iii. House:-

AUTHORISED SIGNATURE & DATE