

CHRISTABEL SCHOOLS

Daycare | Nursery | Primary | Secondary
Plot 649, Zone B3, off Idris Gidado St, Wuye, Abuja

ADMISSIONS FORM (PART ONE)

CHILD'S PERSONAL INFORMATION:

- Name of child: _____
(Surname) (Other Names)
- Date of Birth: _____, _____, _____ Place: _____
Day Month Year (Please attach Birth Certificate)
- Age last Birthday: _____ Sex: _____
(Please attach Birth Certificate)
- Nationality: _____ State of Origin: _____
- Number of children in the family: _____
- Position of pupil in the family: _____
- Date of entry desired: _____ Class desired: _____
- Particulars of previous schools attended with dates: _____

- Reasons for leaving: _____

PARENTS/GUARDIAN PERSONAL INFORMATION:

- Name of father: _____
- Father's occupation: _____
- Father's address (office): _____
_____ Telephone: _____
- Father's address (home): _____
_____ Telephone: _____
- Name of mother: _____
- Mother's occupation: _____
- Mother's address (Office): _____
_____ Telephone: _____
- Mother's address (home): _____
_____ Telephone: _____

18. Name of guardian: _____

19. Guardian's address (office): _____

_____ Telephone: _____

20. Guardian's address (home): _____

_____ Telephone: _____

