GREATMINDS SCHOOL

(Baby Minding, Playgroup, Pre- Nursery, Nursery, Primary & College)
3, Water Reservoir Road, Basorun Ibadan.
Tel. 08099116000
www.greatmindsschools.com E-mail: greatminds.school@gmail.com

REGISTRATION FORM

REGISTRATION NO:_____

1. Surname ……
2. First name:……
3. Other names: ……
4. Date Of Birth:…….. Place Of Birth……..
5. Age (As At Last Birthday):……..Nationality……..
6. State of Origin:…… Home Town:……..
7. Father's Name……
   Occupation……
   Office Address……
   Office Phones……Mobile……..
8. Mother's Name……
   Occupation……..
   Office Address……
   Office Phones……Mobile……..
9. Home Address:……
10. Religion……
11. Denomination……
12. E-Mail Address……
13. In Case Of Emergency Contact (Name)……
14. Mobile……
15. Any Special Ailment/Handicap:……
16. Any Particular Information of Interest about the Child

    ……

17. Seeking Admission Into: (Please tick)

Baby Minding: ☐ **Play Group:** ☐ **Pre- Nursery:** ☐

Nursery 1: ☐ **Nursery 2:** ☐

Primary 1 ☐ **Primary 2:** ☐ **Primary 3:** ☐

Primary 4: ☐ **Primary 5:** ☐

18. Name of former school…….

19. What class were you in your former school? ……..

20. The following are to be submitted with this registration form

a) **2passsport size photographs**
b) **5/7 photograph**
c) **Photocopy of birth certicate**
d) **Photocopy of national birth certificate**
e) **Photocopy of immunization card**
f) **Blood test specifying blood group &genotype**

NB: Originals will be sighted by the school

The above information given is to the best of my knowledge, true and certified correct.

……. **……**

Signed **Date**

FOR OFFICIAL USE ONLY

Date the form was returned…….

Information checked and verified by……

Required documents sighted by: ……

Comments:……

……

Admission number: _____

Checked by:……. **Sign ……**

Date:……