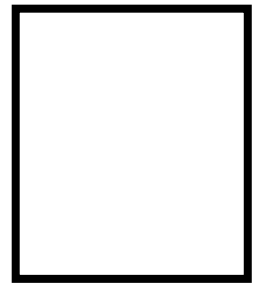


GREATMINDS COLLEGE

Babalola Lay –Out, Alaropo Estate,
Akobo Ojurin, Ibadan.
Tel: 08077398839, 08033197297, 08167431222



No:

Parents should please complete this form in full and submit it to the school.

1. STUDENT'S DETAILS

A. Name of Student _____
Surname _____ other names _____

B. Date of Birth _____

C. Gender: Male ☐ Female ☐

D. Religion: _____ (E) State of Origin: _____

F Country of Origin: _____ (G) Current Class: _____

H Current School & Address: _____

I Desired Entry Class: _____

J Medical History:
(i) Genotype: _____ (ii) Blood Group: _____ (iii) Rhesus Factor: _____

K Please include by ticking below, if your child suffers from any of the listed health problems.

(a) Asthma ☐	(b) Epilepsy ☐	(c) Juvenile Diabetes ☐
(d) Ulcer ☐	(e) Sickle Cell ☐	(f) Tuberculosis ☐

L Please give any other information concerning the health of your child, which you believe the school should be aware of

2. DETAILS OF PARENTS/ GUARDIAN

(A) Name of the Father: _____
Place of work: _____
Tel No: Office: _____ Home _____ Mobile _____
E-Mail _____

(B) Name of the Mother: _____
Place of work: _____
Tel No: Office: _____ Home _____ Mobile _____
E-Mail _____

(C) Residential Address: _____

(D) Name of Guardian: _____
Place of work: _____
Tel No: Office: _____ Home _____ Mobile _____
E-Mail _____

(E) Contact Address: (if different from above) _____
Tel No: _____ E-Mail _____

(F) Signature of Parent/ Guardian: _____ Date: _____

The following are to be submitted with this registration form

2 passport size photographs

5/7 photograph

Photocopy of birth certificate

Photocopy of national birth certificate

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:.....