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

2passsport size photographs

5/7 photograph

Photocopy of birth certicate

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:.....