



# JOLICE MONTESSORI SCHOOL

**\*DAYCARE \*NURSERY \*PRIMARY**

Along Old Benin Road, Ore, Ondo State.

Tel: 08037099087, 07068907566. E-mail: kenyrhema@yahoo.com

Outstanding

Knowledge Through

Godliness

**FOR OFFICIAL USE ONLY**

Reg. Receipt: \_\_\_\_\_

Admission No: \_\_\_\_\_

Class Admitted to: \_\_\_\_\_

## **REGISTRATION FORM**



### **CHILD'S PARTICULARS**

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Nationality: \_\_\_\_\_ State / Town of Origin: \_\_\_\_\_

Sex of Child:    MALE [    ]        FEMALE [    ]

Date of Birth: \_\_\_\_\_

### **PARENTS / GUARDIAN'S PARTICULARS**

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Does your Child have a Disability / Medical condition?

YES

NO

If Yes state the condition (s) \_\_\_\_\_

Phone Number to contact incase of emergency: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Clinic / Address: \_\_\_\_\_

**SCHOOLING:**

1. Is the child already in School? YES [ ] NO [ ]
2. Class last passed: \_\_\_\_\_
3. Name of School: \_\_\_\_\_
4. Into what class are you seeking admission? \_\_\_\_\_

**NOTE:**

1. The School reserves the right in consultation with the parents, to determine the appropriate class for the Child's maximum benefit
2. Purchase of the form does not guarantee admission.
3. NO REFUND OF FEES AFTER ONE WEEK OF PAYMENT.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Please include the following when returning the forms, photocopies of:*

1. Birth Certificate
2. Immunization Records
3. Two (2) Recent Passport Photographs