LADDIS LIVING MONTESSORI ACADEMY

Plot 10 Kabusa, Sheritti Road, Sheritti, Abuja F.C.T

Motto: Knowledge, love and care

★ Pre-Nursery ★ Nursery ★ Primary ★ Secondary

A) CHILDS PERSONAL DATA

SURNAME: _____

FIRST NAME: _____

OTHER NAMES: _____

AGE: _____ **SEX:** _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

STATE OF ORIGIN: _____

LGA: _____

PREVIOUS SCHOOL: _____

PREVIOUS CLASS: _____

INTENDING CLASS: _____

B) PARENTS PARTICULARS

PARENTS NAME: _____

OCCUPATION: _____

OFFICE ADDRESS: _____

HOME/CONTACT ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

C) CHILD SPECIAL MEDICAL INFORMATION

_____

_____

D) ADDITIONAL INFORMATION

(Comment if any)

DECLARATION

I _____ **FATHER/MOTHER OF** _____

PROVIDE THE ABOVE INFORMATION TO BE TRUE AND CORRECT

_____

PARENTS SIGNATURE, DATE

FOR OFFICIAL USE ONLY

Comments: Admitted/Not Admitted

_____ _____

Head Teacher sign/Date **School Admin Sign/ Date**