

Recent Photo

Registration Form

Building / Compound		Floor / House #	
Street			
City	Area		
Residential Address			
Day Month	Year		
	20		
Date of Birth			
Nationality			
Gender [M / F]			
Preferred Name Used			
(Forename)	(Middle Name)	(Family Name)	
Child's Full Name			
Child's Information			



Has your child been toilet trained?

YES / NO

Parent / Guardian Information Mother's Full Name _____ [] Custodial Parent (If married, mark both parents) Employer _____ Occupation _____ Work Address _____ Work Hours _____ E-mail Father's Full Name _____ [] Custodial Parent (If married, mark both parents) Occupation _____ Employer _____ Work Address _____ Work Hours _____ Mobile: _____ E-mail ____ **Emergency Contact** *In case of emergency and pick up, list contacts (other than parents) Full Name ___ Mobile: Relationship to Child _____ Full Name _____ Mobile: _____ Relationship to Child _____ **General Information** Language used at home _____ Language used with child (specify if different than above) Has your child had any previous nursery/school experience? (Children's Center, Playgroup, Nursery, School etc.) (If yes, please specify) ____



Health History Form

Student's Full Name:					
Date of Birth / /					
Day Month Year					
Medical Information					
Blood Type					
Pediatrician Mobile:					
Address:					
Does your child suffer from any allergies, such as food, pollen, certain fabrics etc.? (If yes, please specify)					
Does your child require regular medication for health problems? (If yes, please specify)					
Has your child had any major surgery or illness the school should be aware of? (If yes, please specify)					
Has your child been immunized against the following? (Place a √ for YES and X for NO)					
Tetanus Measles Rubella Mumps					
Is there anything else we should be aware of? Such as special educational needs, concerns you may have with your child's sight, hearing, speech/language, coordination/movement, behavior etc. (If yes, please explain)					
Parent's Name: Signature: Date:					



PERMISSION DETAILS FOR:

Authorization Form

Student's Full	l Name:					
Date of Birth						
	Day	Month	Year			
to my child sh been prescrib I hereby *give I hereby *give include the so	nould he/ ped by a e/do not e/do not chool's w	She be in particular doctor for many give perminate give perminate give perminate and services items.	ain or have a high to by child. ssion for photograp ssion for photograp social media platfor	emperature whist in their card hs of my child to be taken an hs of my child to be used for ms.	nended dose of Paracetamol susper e. This also applies to medicine that and displayed in the school. promotional purposes, which also ive emergency first aid treatment sh	t has
·	e/do not			sonnel to seek emergency m	edical treatment, for my child, if I or	my
I hereby *give staff.	e/do not	give permi	ssion to consume s	nacks prepped in the school	by the child, under the supervision	of
Parent's Na				Signature: _		



Pick Up Form

Stude	ent's Full Name:					
Date	of Birth///					
	Day Month Year					
Please list the names of the possible people (other than yourself) who have been granted permission by you to pick up your child.						
1.						
2.						
3.						
4.						
5.						
Note:	The contacts listed above will be asked to show their IE	O cards, upon arrival, prior to picking up your child.				
	ent's Name: S	Signature:				

OFFICE USE ONLY

Passport or NIN Card of child (copy)
2 recent passport sized photos
Health History Form
Registration Form
Registration Fee
Authorization Form
Pick up Form