TREASURELAND
ELEMENTARY SCHOOL
CREATIVITY | INNOVATION | DIVERSITY

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Treasureland Elementary School Ijebu Ode
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treasurelandelementaryschools@gmail.com
www.treasurelandschools.com
No 35, JDPC Road, Off Stadium Road, Ijebu Ode, Ogun State, Nigeria.

Registration form

0000001

NAME:

……

SURNAME *FIRST NAME* *MIDDLE NAME*

SEX: …… AGE: ……..

DATE OF BIRTH: ……

NATIONALITY: …… RELIGION: ……

MOTHER TONGUE: ……

PARENT/GUARDIAN INFORMATION

FATHER'S NAME:

……

……

OCCUPATION: …… BUSINESS ADDRESS: ……

HOME ADDRESS:

……

……

HOME PHONE NO: …… OFFICE PHONE NO: ……..

MOTHER'S NAME:

……

……

OCCUPATION: …… BUSINESS ADDRESS: ……

HOME ADDRESS:

……

……

HOME PHONE NO: …… OFFICE PHONE NO:

……

GUARDIAN'S NAME:

……

……

OCCUPATION: …… BUSINESS ADDRESS:

……

HOME ADDRESS:

……

……

HOME PHONE NO: …… OFFICE PHONE NO:

……

CHILD'S HEALTH RECORDS

SPECIAL MEDICAL NEEDS:

……

….

PERSONAL CHALLENGES:

……

…..

IS HE/SHE UNDER MEDICATION (STATE):

……

ANY OTHER INFORMATION:

……

PLEASE TICK INOCULATION SO FAR TAKEN WITH DATES (PLEASE ATTACH EVIDENCE)

INOCULATIONS	TICK	DATE	REMARKS
BCG			
MEASLES			
CHICKEN POX			
TETANUS			
OTHERS			

CHILD'S BLOOD GROUP:

……

……..

FAMILY HOSPITAL/CLINIC: …… ADDRESS: ……..

DOCTOR'S NAME: …….. PHONE NO: …….

CLASS TO WHICH ADMISSION IS SOUGHT (TICK AS APPROPRIATE)

Creche 6-18 months	Play Group 2yrs	Prepara-tory 3yrs	Nursery 1 4yrs	Nursery 2 5yrs	Primary 1 6yrs	Primary 2 7yrs	Primary 3 8yrs	Primary 4 9yrs	Primary 5 10yrs	Primary 6 11yrs

<u>PUPIL TRANSFER PARTICULAR</u>

FROM WHICH SCHOOL:

……..

FROM CLASS (OLD CLASS): …… TO …….. IN THE NEW SCHOOL

RESULT OF THE CLASS:

……. (Please attach)

CERTIFICATE OF TRANSFER:

DECLARATION:

I hereby certify that the information given above is correct.

……..

Parent/Guardian Signature

FOR SCHOOL USE ONLY

ADMISSION APPROVED/ NOT APPROVED:

…….

IF NOT APPROVED, STATE REASON

……

……

……..

PUPIL'S ADMISSION NO:

……

….

…….

…….

HEAD TEACHER'S SIGNATURE DATE

…….

…….

PROPRIETRESS SIGNATURE	DATE