

DIVINE NURSERY AND PRIMARY SCHOOL

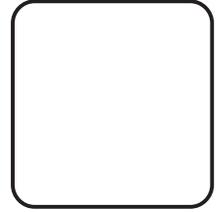
Motto:- THAT YE MAY GROW

Behind Ogo-Oluwa Filling Station, Gbangan/Ibadan Road,

P. O. Box 1096 , Osogbo, Osun State, Nigeria

Tel: 035-204242, 08033834311

ADMISSION FORM



Surname: _____ Other Names _____
Date of Birth _____ Sex _____
Previous School _____

Father's Name _____
Occupation _____ Office Address _____
Home Address _____
Home Telephone _____ Office Telephone _____
Mother's Name _____ Occupation _____
Office Address _____ Office Telephone _____
Religion _____
Record of infection diseases _____
A copy of birth certificate _____
Record of vaccinations or immunisations _____
(delete where not applicable)
Polio/tatanus/ whooping cough/diphtheria/smallpox/measless _____
(Please produce evidence to show)

Food allergy _____
Enrolment fees:
My child will attend morning / afternoons only / full-day care.
(Delete where necessary)

UNDERTAKING BY PARENT / GUARDIAN

1. I undertake and agree to pay each term's fee in advance
2. I undertake to make adequate feeding arrangement for my child / children.
3. I undertake to collect the child / children in the nursery section immediately after closing hour. i.e at ----- and those for day - care not later than ----- where this is not possible, special arrangement will have to be made at my own expense.
4. I also undertake to buy correct uniform for my child in the nursery / primary school department.

Parent's Signature / Date

FOR OFFICE USE AND FILING

The above named child has been admitted into the school with the following particulars

Name	Class and Date Admitted	Admission No. in Reg.	Director's Approval