FILE NO: _____

FORM NO: _____

MBARI MBAYO
NURSERY/PRIMARY SCHOOL

1, Hussey Street, Near WAEC Office, Jibowu, Yaba, Lagos.
Tel: 08172044972, 08172044974, 09090013422
E-mail: mbarimbayoschool@yahoo.com

PASSPORT PHOTOGRAPH

APPLICATION FOR ADMISSION

Surname: _____
(IN CAPITAL LETTERS)

Other Name: _____
(IN CAPITAL LETTERS)

State of Origin: _____ Nationality: _____

Date of Birth: _____

Place of Birth: _____

Age Last September: _____

Previous School (If any): _____

Class into which admission is sought: _____

Any other child/children at Mbari Mbayo School? _____

Father's Name: _____

Home Address: _____

_____

Phone No: _____

Occupation: _____

Office Address: _____

Phone No: _____

Religion of Father: _____

Mother's Name: _____

Home Address: _____

_____

Phone No: _____

Occupation: _____

Office Address: _____

Phone No: _____

Name & Address of previous school:

Contact No:

Class concluded in the school:

Reason(s) for leaving the school:

HEALTH / MEDICAL HISTORY

If the answer to any of the following questions is Yes, please give details with dates where they apply.

1. Does the child suffer from any of the following?

(a.)

	YES	NO
Hepatitis		
Sickle Cell		
Epilepsy		
Diabetes Mellitus		
Tuberculosis		
Allergies e.g Asthma, Skin Disease		
Mental Disorder or Nervous Disease		
Eye Diseases or Eye Disorders		
Diseases of the ear, nose or throat		
Respiratory Diseases		
heart Disease		
Kidney Disease		
Diseases of the digestive system		
HIV/AIDS		

(PLEASE TICK ONE)

(b) Does he/she have any type of Handicap? YES ☐ NO ☐

If yes

4. Has he/she been treated for tuberculosis before? Yes ☐ No ☐

5. Is he/she on any medication? Yes ☐ No ☐

Signature of Parent / Guardian

Date

SECTION C: IMMUNIZATION

PLEASE TICK

Tetanus	Yes ☐	No ☐	Date
Yellow Fever	Yes ☐	No ☐	Date
Measles	Yes ☐	No ☐	Date
Polio	Yes ☐	No ☐	Date
BCG	Yes ☐	No ☐	Date
DPT	Yes ☐	No ☐	Date
Vitamin	Yes ☐	No ☐	Date
Mumps	Yes ☐	No ☐	Date

I certify that the information given above is correct

Parent's Name:

Parent's Signature: Date:

Head-Teacher's Signature & Official Stamp:

Note: (1) Please study, complete and return this form with copy of the child's birth certificate and immunization records.

(2) Primary pupil is to come along with last result of class