



# ADMISSION FORM



KINDLY COMPLETE THIS FORM IN BLOCK LETTERS

SURNAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

GENOTYPE: \_\_\_\_\_ BLOOD GROUP: \_\_\_\_\_

RELIGION: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
L.G.A.: \_\_\_\_\_ STATE OF ORIGIN: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent(s)*

*Please ensure that photocopies of your ward's birth certificate, immunization card as well as other necessary documents are attached to the form before it is submitted.*

**Motto:** *Royal Kids for a Brighter Future*