



KEEDEES FOUNDATION SCHOOL

(Crèche, Nursery and Primary)

Child's Passport
photos (3 nos)

ADMISSION APPLICATION FORM

(Please fill in block letters)

PART A (CHILD'S DATA / MEDICAL INFORMATION)

Name (surname First): _____

Address : _____

Gender: Male ☐

Female ☐

Age / Date of Birth: _____

Immunizations taken: BCG ☐ POLIO ☐ DPT ☐ Hep ☐ Hib ☐

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PCV ☐ IPV ☐ Any other _____ (specify) _____

Last School Attended (if Applicable): _____

-

Last Class Attempted and Passed: _____

-

Admission Class Sought For: _____

Any Health Condition(s) you want us to take note of? (if yes please tell us) _____

Any allergy to be avoided? _____

Who Drops The Child in the Morning and Picks Same After School? _____

Any Other Information (you want us to have) about the child? Please Tell Us: _____



Edit with WPS Office

PART B: (PARENTS' / GUARDIAN'S DATA)

Father's Name: -----
House Address: -----
Office Address: -----
E-mail Address: ----- Religion: -----
Mobile Tel. No ----- Office Tel. No: -----
Profession: ----- Nationality -----
State of origin: ----- L.G.A -----

Mother's Name: -----
House Address: -----
Office Address: -----
E-mail Address: ----- Religion: -----
Mobile Tel. No ----- Office Tel. No: -----
Profession: ----- Nationality -----
State of origin: ----- L.G.A -----

Who Takes Care Of Child's Parental Responsibilities? (Please Tick As Appropriate).

Father ☐ Mother ☐ Both Parents ☐ Guardian ☐
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(If Guardian, Please Give Us The Following Information):

Guardian's Name: -----
House Address: -----
Office Address: -----
E-mail Address: ----- Religion: -----
Mobile Tel. No ----- Office Tel. No: -----
Profession: ----- Nationality -----
State of origin: ----- L.G.A -----



N.B: If any other person (other than the Guardian) is filling this form on behalf of the Child's parents, please complete the section below:

Name: _____

Relationship with the child: _____

Residential Address: _____

Phone No: _____

Occupation: _____

Email Address: _____

How did you know about Keedees Foundation School? Through

A Friend ☐ On-Line ☐ My Church ☐ I saw the school ☐ Other ☐

(Specify) _____

PLEASE NOTE: -- Filling this Application form does not guarantee the child a place in the school.

Admission is subject to all the other requirements being met.

PARENTS' DECLARATION:

We hereby return this admission form duly completed. We have read the school's statement of Faith, Vision, Mission Statement, the Rules and Regulations. We agree to what the school stands for and will abide by the rules and regulations if our child is offered admission.

Name / Sign. Date (Father)
(Mother)

Name / Sign. Date (Date)



PART C: TO ACCOMPANY THE ADMISSION FORM

Please submit the admission form with the followings:

- 3 passport photos of the child for; File, I.D card and Pick – up card.
- Photocopy of child's birth certificate.
- Photocopy of last result from previous school (if applicable)
- Photocopy of child's immunization card.

PART D: FOR OFFICIAL USE ONLY

1. Admission No: - _____ 2. Class Admitted Into:- _____
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3. Placement Test Scores (if applicable) :-

Numeracy: - _____ Literacy: - _____ Aptitude:- _____

4. All Necessary Documents Submitted? Yes _____ No _____
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1. 3 Passport Photos _____

2. Copy of Birth Certificate _____

3. Photocopy of last result from previous school _____

4. Copy of immunization card _____

Name of Receiving officer.
officer/Date.

Sign. Of Receiving



