

CREATIVE DEMONSTRATION SCHOOLS

#2 Ilom Road, Opposite St. Nicholas Anglican Church, Woji, Port-Harcourt

Crèche, pre-kindergarten, kindergarten, primary

Motto: *determination to Excel.*

Tel: 08037271276, 08033430312, 08023398170,

Landline: 084-77497

Affix 2

Passport

photographs

Section A

Child's Surname: _____ First Name: _____

Other Names: _____

Nationality: _____ State of Origin _____ L.G.A _____

Sex: Male Female

Age: _____ Date of Birth: _____

Section B

Has the child attended any other school? _____

Name of the School: _____

Last class attended: _____

Class in which admission is sort _____

Attach photocopy of last result

SECTION C

Child stays with: One Person Both Parent Guardians

Who is expected to pick the child after school? _____

Any Physical disability/special medical record: _____

Immunization record: B.C.G Oral Polio DPT Measles

Attach Photocopies of Immunization Record

Any additional information that could be helpful to the class teacher and the school?

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SPONSOR'S DETAIL FORM

Pupil's Information:

Surname: _____ Full Name: _____

Date of Birth: _____ Age _____ Class _____

Father's Surname: _____ Full Name: _____

Office Address:

Telephone Number: _____ Fax: _____

Residential Address:

Telephone Number: _____ Fax: _____

Mother's Surname: _____ Full Name: _____

Office Address:

Telephone No: _____ Fax: _____

Residential Address:

Telephone Number: _____ Fax: _____

DECLARATION

I, _____ sponsor of _____

In class _____, solemnly declare that fully understand and accept the regulation concerning payments, as laid down by the school. I undertake to pay all fess at the beginning of each term, without reservation. I further accept that in case o non-payment, my child will not be accepted into the school.

Declaration signed in this _____ day of _____ (month), 20 _____

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