



CRESTFIELD METROPOLITAN SCHOOLS, KANO.

NO. 1 CRESTFIELD AVENUE, WISDOM ESTATE, BEHIND ALIKO FILLING STATION, JABA, KANO

AFFIX
PASSPORT
PHOTOGRAPH

ADMISSION NO.:

PERSONAL INFORMATION

Child's Name: _____
Surname _____ Other Names _____

Date of Birth: _____ Sex: _____ Religion: _____
day / month / year

Home Address: _____

Telephone No: _____

Languages Spoken: _____

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

Hobbies: _____

FATHER'S DETAILS

Name: _____

Occupation: _____

Place of work: _____

Mobile No: _____

Address: _____

Email: _____

MOTHER'S DETAILS

Name: _____

Occupation: _____

Place of work: _____

Mobile No: _____

Address: _____

Email: _____

PREVIOUS ACADEMIC RECORDS

S/N	Name of School & Location	Date	Qualification Obtained
1			
2			
3			

MEDICAL PRECAUTIONS (Please Tick Appropriately)

ALLERGIES ☐ YES ☐ NO (If Yes Please Specify)

Any other medical condition ☐ YES ☐ NO (If Yes Please Specify)

OBLIGATIONS OF PARENT/GUARDIAN

1. Prompt Payment of fees each term
2. Partnership with the school for sound moral development
3. Prompt pick up from school within the stipulated time
4. Registration fee is non-refundable

Signature of Parent/Guardian & Date

OFFICIAL USE

Admitted into_____

Creche _____ Playgroup:_____

Nursery:_____ Primary:_____

Secondary: _____

Approved by

Name:_____

Director Sign, Date & stamp