



MIRACLE INTERNATIONAL SCHOOL

STUDENT BIO-DATA

(WRITE IN BLOCK LETTERS)

STUDENT'S NAME			
	surname	first name	other names
DATE OF BIRTH	CL	ASS GENDEI	R
NATIONALITY		STATE OF ORIGIN	
RELIGION		LOCAL GOVERNMENT A	REA
RESIDENTIAL ADDR	ESS:		
PARENT AND GUAI	RDIAN INFORM	ATION	
FULL NAME OF PARI	ENT/GUARDIAN:		
PARENT EMAIL ADD	RESS:		
PARENT PHONE NUM	MBER		
OCCUPATION			
PLACE OF WORK/BU	SINESS & ADDRI	ESS	
ACADEMIC BACKG	ROUND		
WHICH SCHOOL IS T	HE STUDENT TR	ANSFERRING FROM?	
WHAT WAS THE STU	DENT'S LAST C	OMPLETED GRADE/CLAS	SS?
CAN YOU PROVIDE I THIS FORM.	PAST ACADEMIC	RECORDS OR REPORT (CARDS? IF YES ATTACH WITH

HAS THE STUDENT EVER REPEATED A CLASS OR SKIPPED A GRADE?

HEALTH AND EMERGENCY INFORMATION
ANY KNOWN MEDICAL CONDITIONS/ALLERGIES
SPECIFY IF STUDENT IS ON ANY REGULAR MEDICATION.
EMERGENCY CONTACT NUMBER:
DOES THE STUDENT HAVE ANY LEARNING DISABILITIES OR REQUIRE SPECIAL SUPPORT?
OTHER QUESTIONS
HOW DID YOU HEAR ABOUT OUR SCHOOL?
ANY OTHER ADDITIONAL INFORMATION THE SCHOOL SHOULD KNOW ABOUT THE STUDENT?

PARENT's SIGNATURE.....