



De' Excellence

Nursery and Primary School.

Sagba compound Oluofinrin, Ikire,
Osun State.

Contacts: 07048101023/09152514877

❖ **SECTION A: Student personal details.**

Surname:

First name:

Middle name:

Date of birth(day/month/year):

Gender (Male or Female):

Any health problem? (Yes or No):

If yes, state the health challenge below:

❖ **SECTION B: Parent/Benefactor details.**

Name:

Relationship with the student:

Occupation:

Phone number:

Address:

Any health problem with the kid/ward? (Yes or No):

If yes, state the health challenge below:

Signature: -----

Date: -----

❖ **SECTION C: Official** (to be completed by the school management)

CONFIRMATION:

This is to confirm that the above details were correctly filled by the student and the parent/benefactor today -----
and we hereby admit the above student into **De'Excellent Nursery and Primary School.**

Signature: -----

Date: -----