



VISIONEERS ELEMENTARY SCHOOL



3, Masha Allah St. Peace Estate
Elebu, Oluyole Ext., Ibadan.



+234 81 2320 5762



visioneerelementaryschool@gmail.com

Affix a passport photograph here

Registration Form

Name:
Last Name First Name

Date of Birth: Gender: Religion:

Father's Name: Occupation:

Place of Work: Tel No.:

Home Add.: Tel.: No.:

Mother's Name: Occupation:

Place of Work: Tel No.:

Home Add.: Tel.: No.:

Total No. of Children in the Family: Position of Child in the family

First Language:

Previous school(s) attended with years:

Who picks the Child after closing?

Class to which admission is sought, please tick appropriate box

Day Care

Nursery

Primary

The child's health (good/fair/poor)

Has your child ever been admitted as an inpatient into a hospital? Yes/No

Please indicate routine ailment of child

IMMUNIZATION OBTAINED WITH DATES

(a) Dates

(b) Dates

(c) Dates

(d) Dates

Any allergies e.g. Food, Medicine, etc.?

Name of child's family hospital:

Name of Doctor: Tel. No.

If there are any other relevant details of your child's medical history not covered by the above question(s), please give details:

(N.B: Attach photocopies of Birth Certificate, Immunization Card) etc.

Declaration

I hereby promise that I shall pay his/her fees regularly at the beginning of each term. I shall be willing to cooperate with the management and shall abide by rules and regulations of the school always.

Name **Signature:**

Relationship to applicant: **Date:**

FOR OFFICIAL USE

Date of Entry: Class:

Date of Exit:

Comment

.....

.....

Head of School

.....

Date: