

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

يذللنا لكبر مسد ارقا قلخ

ISLAMIC INSTITUTE NURSERY AND PRIMARY SCHOOL

P. M. B. 333, EDE, OSUN STATE

MOTTO: Read in the name of your Lord who created

IINSP NO

APPLICATION FORM

1. Child's Name in Full:
2. Date & Place of Birth:
3. Religion:
4. Residential Address:.....
.....
City: Local Government of Origin:
State of Residence: State of Origin:
Nationality:
5. (a) Previous Schools Attended with Dates:
.....
.....
(b) Child's Last Class:
(c) Class in which Child is Applying to:
6. Parent's Name & Address:
.....
.....
Mobile No:
7. Other Contact Address:
.....
.....
8. Name and Address of two next-of-kins who could be contacted in case of emergency.

(i)

.....

Mobile No(s):

(ii)

.....

Mobile No(s):

STUDENT'S SIGNATURE & DATE

PARENT/GUARDIAN'S SIGNATURE & DATE

HEAD TEACHER'S SIGNATURE & DATE

REGISTRAR'S SIGNATURE & DATE

NB: SUBMIT WITH ONE PASSPORT PHOTOGRAPH AND A COPY OF BIRTH CERTIFICATE.

FOR OFFICIAL USE ONLY

NAME OF PUPIL: _____

CLASS ADMITTED TO: _____

DATE OF ADMISSION: _____

HEAD TEACHER'S SIGNATURE: _____