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Nurssery Allownace

| Sun | name: | Other Names |
|------|--|---|
| Date | e of Birth | Sex |
| Prev | vious School | |
| Fath | her's Name | |
| Occ | rupation | Office Address |
| Hon | ne Address | |
| Hon | ne Telephone | — Office Telephone |
| Mot | ther's Name | Occupation |
| Offi | ice Address | Office Telephone |
| Reli | gion | |
| Rec | ord of infection diseases | |
| Ace | opy of birth certificate | |
| Rec | ord of vaccinations or immunisations | |
| (del | ete where not applicable) | |
| Poli | io/tatanus/ whooping cough/diptheria/smallpox/measless | (Please produce evidence to show) |
| | | |
| | dallergy | |
| Enr | olment fees: | |
| | child will attend morning / afternoons only / full-day care. | |
| (De | lete where necessary) | |
| | UNDERTAKING BY PAI | RENT / GUARDIAN |
| 1. | I undertake and agree to pay each term's fee in advan | ice |
| 2. | I undertake to make adequate feeding arrangement for | my child / children. |
| 3. | I undertake to collect the child / children in the nursery | section immdediately after closing hour, i.e at |
| | and those for day - care not later than | where this is not possible. |
| spec | cial arrangement will have to be made at my own expense | e. |
| 4. | I also undertake to buy correct uniform for my child in | the nursery / primary school department. |
| | | |
| | | |
| | | Parent's Signature / Date |
| | | |
| | FOR OFFICE USE | AND FILING |
| | TOR OFFICE COLUMN | NINZERIANIA (III |

The above named child has been admitted into the school with the following particulars

| Name | Class and Date Admited | Admission No. in Reg. | Director's Approval |
|------|------------------------|-----------------------|---------------------|
| | | | |
| | | | |

PRODUCT Employment Letters Contact Personnel Data Updating Allowances services Compensation Compalin & raise concern Oprtunities & suggestions