



# KINGSMEAD SCHOOLS

## REGISTRATION FORM

Affix a recent  
passport photograph  
here

### STUDENT DETAILS

Name:.....  
Date of Birth:..... Gender      Male      Female  
Place of Birth:..... Nationality: (for non-Nigerians).....  
State of Origin:..... Local Govt. Area.....  
Contact Address:.....  
.....

### PARENTS/GUARDIAN INFORMATION

Name:.....  
Occupation:.....  
Mobile..... Telephone.....  
Contact Address:.....  
.....  
Employer's Name:.....  
Employer's Address:.....

### PREVIOUS EDUCATIONAL ENROLLMENT *Please ignore if this is your first school*

#### SCHOOL ATTENDED

Name and Address of School

Class Last Attended

Reason for Leaving the School

#### SCHOOL ATTENDED

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**MEDICAL (TICK AS APPROPRIATE)**

Are you vulnerable to a carrier of any of the following diseases?

Tuberculosis

☐

Sickle Cell

☐

Anaemia

☐

Asthma

☐

None

☐

Others Specify.....

**BLOOD GROUP**☐

A

☐

B

☐

AB

☐

O

**GENOTYPE**☐

AA

☐

AS

☐

SS

How many times (approx) have you visited the doctor for treatment within the last two (2) years?

What was the nature of your illness during the last two years?

Please give the Name and Address of your family doctor

Name:.....

Address:.....

**STUDENT DECLARATION**

I,.....solely declare that:

- i. I will obey all school rules and regulations.
- ii. I will not involve in any examinations malpractice
- iv. I will not engage myself in any activities that will bring disrepute to the image of the school

Signature.....

Date.....

**PARENT DECLARATION**

I stand surety that my child/ward will conform to the declaration stated in (b) above and other implied rules and regulations of the school.

Signature.....

Date.....

**OFFICIAL USE ONLY**

APPROVAL		
Admission Number	I.D Card No	
Class	Year	Term
Amount Payable (N)		