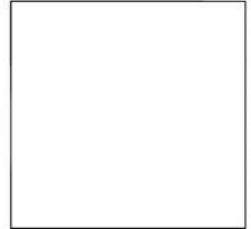




# St. Louis Nursery/Primary School.

D/L: 0806 495 2820  
0812 646 4995

P. O. Box 300, Ikere-Ekiti, Ekiti State.  
e-mail: stlouisnurseryikere@yahoo.com  
www.slnpikere.org



## ADMISSION FORM

{FORM NO: ..../.....}

NAME OF PUPIL: .....

SEX: ..... DATE OF BIRTH: .....

AGE: ..... PECULIAR AILMENT: .....

RELIGION: ..... DENOMINATION: .....

HOME TOWN: ..... STATE: .....

NAME OF PREVIOUS SCHOOL (IF ANY): .....  
..... LAST CLASS ATTENDED: .....

FATHER'S NAME: .....

FATHER'S OCCUPATION: ..... PHONE NO: .....

FATHER'S ADDRESS {HOME}: .....

FATHER'S ADDRESS {BUSINESS}: .....

MOTHER'S NAME: .....

MOTHER'S OCCUPATION: ..... PHONE NO: .....

MOTHER'S ADDRESS {HOME}: .....

MOTHER'S ADDRESS {BUSINESS}: .....

HAS THE APPLICANT ANY BROTHER(S)/SISTER(S) IN THE SCHOOL ALREADY? .....

IF ANY, STATE NAME(S) AND CLASS(ES)

	NAME	CLASS
1.	.....	.....
2.	.....	.....
3.	.....	.....

**N.B: PLEASE ATTACH THE FOLLOWING WHILE RETURNING THIS FORM:**

- ✓ ONE (1) PASSPORT PHOTOGRAPH, PHOTOCOPIES OF BIRTH CERTIFICATE/BAPTISMAL CARD & IMMUNISATION CARD OF THE CANDIDATE.
- ✓ TRANSFER CERTIFICATE (IF COMING FROM OTHER SCHOOL).

**THE SIGNING OF THIS FORM IMPLIES:**

- An obligation to pay the fees of the pupil at the stipulated time.
- An obligation to repair or make good any loss or damage to School property caused by pupil.
- An obligation to comply with any arrangement, which the School Authority shall judge necessary to make regarding the progress of Pupil.

PARENT'S/GUARDIAN'S SIGNATURE AND DATE: .....

Signed .....  
HFADMISTRFSS