



MONEF KIDDIES SCHOOL

14 BEN UDO STREET, UYO, AKWA IBOM STATE, NIGERIA
 Phone:08130692249, 08072851696 E-Mail:monefkiddies@yahoo.com
 Website:www.monefschools.com

Affix
 Passport
 Photograph

APPLICATION FOR ADMISSION FORM NO.....

1. Student's Name (in full, surname first)
2. Date of Birth:..... 3. Gender:.....
4. Place of Birth:..... 5. Local Govt. Of Origin.....
6. State of Origin:..... 7. Nationality:.....
8. Brother(s) and Sister(s). (State below)

S/N	Name	Gender	Age	School Attended & Grade

9. State schools you've attended and dates below

S/NO	SCHOOL(S) ATTENDED	DATE	QUALIFICATION

10. Father's Name :..... 11. Nationality:.....
12. Residential Address:.....
13. Telephone (a).....(b).....(c).....
14. E-mail:.....(15) Fax:.....
16. Occupation:
17. Office Address & Telephone:
18. Mother's Name:(19) Nationality:.....
- 19 Residential Address:
21. Telephone (a).....(b).....(c).....
22. E-Mail:(23) Fax.....
24. Occupation:.....
25. Office Address & Telephone:

26. State any physical/ medical/ other needs/ limitations that you would like us to know:

27. We hereby agree to the following:

1. For my child to use all the play facilities and participate in all the school activities.
2. For my child to leave the school premises under the supervision of a staff member for short walks and field trips authorized by the school.
3. For my child to be included in evaluations and pictures connected with school programmes.
4. For the school authorities to take any step necessary to obtain emergency care for my child if warranted.
5. For the school to contact me at any known address and phone number(s).
6. For the school nurse to give my child first aid treatment and care if necessary.
7. For the school to bill me for any expenses incurred in Nos. (4) to (6) above.
8. For my child to participate in all extra-curricular activities within and outside the school, irrespective of any religious or other reservations which I may have. If I later feel otherwise, I may be asked to withdraw my child.
9. I will ensure that my child's/children's fees are paid promptly, before the beginning of every term.
10. Finally, the school will not be responsible for anything that may happen as a result of false information given at the time of enrolment.

FATHER/GUARDIAN

Name:-----

Signature:-----

Date:-----

MOTHER/GUARDIAN

Name:-----

Signature:-----

Date:-----

Witness' Name:-----

Signature:-----

Date:-----