ROSEBUD COLLEGE IBADAN

Adebayo Alao-Akala Way, Akobo/Ojurin-Wofun Link Road,
Beside Old Exide Batteries, Oke-'badan Estate, Ibadan.
P.O. Box 19399 U. I. Post Office, Ibadan. **Tel:** 08132021908, 08157479738, 09096438923
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Knowledge for Life

ADMISSION FORM

Affix Passport Photograph

Sex.....Day/Boarding.....

1. Child's Surname .....Others .....
(Block Letters) (Please underline the one normally used)
2. Date of Birth ..... Nationality .....State .....
3. Home Language ..... Religion .....
4a. Recent School (s) attended with dates .....
.....
4b. Present Class.....
5. Class Aimed at .....
6. Medical History: Please give details of physical defect or incapacity, allergy serious illness bed wetting or other such matters about which the school ought to know
.....
.....
.....
7. Name and address of child's normal medical practitioner who may be consulted if necessary .....
8. Parent or Guardian

Name of the Father	Name of the Mother.....
Home Address	Home Address .....
Place of work	Place of work .....
Occupation	Occupation .....
Telephone No	Telephone No .....
Email Address.....	Email Address.....

I hereby make application for registration of the above named child of whom I am the legal guardian / Parent.
Signature ..... Date .....

9. I hereby certify that the statements given in the above are correct.

Name of Headmaster _____ *Headmaster's Signature & School Stamp*

DECLARATION

I hereby declare that all pieces of information I have supplied in this application are true.

....
Parent/Guardian Name Signature Date

FOR OFFICE USE ONLY

Admitted Not Admitted **To which class (if Admitted)**

....
Head Teacher's Signature Date