ROSEBUD KIDDIES SCHOOL

DAY CARE: Alegongo Akobo, Beside Oludegun Filling Station,
NURSERY & PRIMARY: 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:** 08178530040, 08157479738, 08100635857
e-mail: rosebud_kiddies@yahoo.com **website:** www.rosebudschoolsib.com

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.....
4. Recent School(s) attend with dates.....
.....
Present Class.....
5. Grade or Class in present School.....
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.....
E-mail Address.....	E-mail 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 Nos. 1-5 above are correct.

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

DECLARATION

I hereby declared that all the 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**