



Mind Builders School

OMOLE PHASE 1: Plots 175 & 219, Lola Holloway Street, Ojodu, Lagos.
IKEJA CBD: Plot 4, Otunba Jobi Fele Way, Alausa, Lagos.
OMOLE PHASE 2: 1 Sowande Street, (Off Rev. Emma Adubifa Street), Isheri, Lagos.
Tel: +234 907 603 0302, +234 907 603 0304 - 9
E-mail: admin@mindbuildersschools.org, info@mindbuildersschools.org

PROVIDE 3 PASSPORT
PHOTOGRAPHS

ADMISSION & REGISTRATION FORM

A child's name is not placed on the list of applicants for admission until this form has been filled in and returned to the Administrative Office.

SURNAME				
OTHER NAMES			SEX	
DATE OF BIRTH (Copy of Birth Certificate required)		AGE AS AT LAST BIRTHDAY		
RELIGION		NATIONALITY	STATE OF ORIGIN	
CURRENT SCHOOL (if any)				
REASON FOR LEAVING CURRENT SCHOOL (If applicable)				
CURRENT CLASS				
CLASS FOR WHICH ADMISSION IS SOUGHT				
PARENT'S NAME IN FULL	FATHER			
	MOTHER			
RESIDENTIAL ADDRESS				
HOME TELEPHONE NUMBER				
OCCUPATION OF FATHER				
NAME AND ADDRESS OF EMPLOYER				
OFFICE & CONTACT PHONE NUMBERS				
E-MAIL ADDRESS				
OCCUPATION OF MOTHER				
NAME AND ADDRESS OF EMPLOYER				
OFFICE & CONTACT PHONE NUMBERS				
E-MAIL ADDRESS				

**FAMILY HOSPITAL
DETAILS**

NAME	
ADDRESS	
DOCTOR-IN-CHARGE	PHONE

CONTACT IN CASE OF EMERGENCY

NAME	
ADDRESS	
PHONE NOS	

**IMMUNISATION
(PLEASE TICK)**

	DATE ADMINISTERED	
1. BCG		
2. MEASLES		
3. POLIO		
4. DPT		

BLOOD GROUP

	GENOTYPE	
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ALLERGIES

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DETAILS OF GUARDIAN

NAME
ADDRESS
TELEPHONE NUMBER
RELATIONSHIP TO APPLICANT

**YEAR AND TERM OF
PROPOSED ENTRY (e.g. 2018
September, January or April)**

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**SOURCE OF REFERRAL
TO MIND BUILDERS
SCHOOL.**

(i) Parent (ii) Staff
 (iii) Advertisement (iv) Others

If either (i) or (ii), please provide the referral details:

Name
 Relationship
 Contact phone no.

UNDERTAKING

We understand that the acceptance and retention of my child in Mind Builders School is on the understanding that he/she accepts and conforms to the existing RULES AND REGULATIONS of the school. We hereby undertake to conform to the conditions and ALL regulations of the school as regards hours of attendance, punctuality, notification of absence, discipline, provision of book/lunch/educational resources, prompt payment of fees and compliance with school uniform standards. Notice of intention to withdraw our child from the school will be given on or before the first day of the pupil's final term.

**SIGNATURE OF PARENTS
AND DATE**

FATHER
 Signature _____ Date _____

MOTHER
 Signature _____ Date _____