



LOTAM SCHOOLS

INSPIRED and EMPOWERED for EXCELLENCE

CRECHE **NURSERY** **PRIMARY** **AFTER SCHOOL CARE**

73, Badore Road, Lawanson B/Stop, Ajah, Lekki, Lagos.

lotam schools@gmail.com www.lotamschools.com

08147247393, 09016270021

ATTACH
THREE CURRENT
PASSPORT
PHOTOGRAPHS

Year:

Term:

ADMISSION FORM

PARTICULARS OF PUPILS (IN BLOCK LETTERS)

1. Full Name:
Surname Other names
2. Sex: Religion:
3. Date of Birth:
Day Month Year Age
4. Home Address:
5. Postal Address:
6. State of Origin: L.G.A:
7. Name of Previous School: Class:
8. Address of Previous School:
9. Class Into which Admission is being sought:
10. Special Interest and hobbies:

PARTICULARS OF PARENTS/GUARDIAN/SPONSOR

11. PARENT/GUARDIAN/SPONSOR

FATHER

Name: Occupation:

Residential Address:

Tel: E-mail:

Relationship To Pupil: Religion:

Full Address of Employer:

E-mail:

Full Address (If self employed):

E-mail:



MOTHER

Name: Occupation:

Residential Address:

..... Tel: E-mail:

Relationship To Pupil: Religion:

Full Address of Employer:

.....

E-mail:

Full Address (If self employed):

E-mail:

12. MEDICAL INFORMATION

1. Full Name:

Surname Other Names

a. Does your Child/Ward have Sickle Cell Anaemia? YES NO

b. Has your Child/Ward has any challenge associated with the following:

Eye Ear Nose bleeding Asthma

c. Has your Child/Ward been immunized against he following:

- 1. Measles YES NO
- 2. Whooping cough YES NO
- 3. Polio YES NO
- 4. Tetanus YES NO
- 5. Tuberculosis YES NO

“PLEASE ATTACH PROOF OF IMMUNIZATION RECORD AND APPROVAL FROM THE DOCTOR ALLOWING YOUR CHILD TO BE ADMITTED TO CRECHE

In case of medical emergency do you permit us to take your child to the School Clinic/Doctor

YES NO

d. Family Doctor Name:

Address:

..... Mobile Phone:

13. General: Any peculiar information about your child which you believe would be useful to the school. If confidentiality is required please see the Proprietress/Headteacher, otherwise indicate below

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14. DECLARATION

I confirm that the information given above is correct and that I am willing to pay the school and obey all school rules and regulations as instructed by the school authority

Signature

Relationship

FOR OFFICIAL USE ONLY

Examination/Interview Score

Remarks (Head Teacher)

Date admitted

Deposit paid Full payment Balance.....

Class admitted:

PARTICULARS SUBMITTED:

- 1. Three current passport photographs
- 2. Previous record from school
- 3. Other documents (Birth Certificate, immunization records etc)

Enquiry:

Head Teacher

08147247393, 09016270021

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