GRANDMONT LEARNING ACADEMY

2, Idera Estate, Asimolowo Street, Mowe, Ogun State
Email:grandmontacad@gmail.com Phone: +234-8055099444

Photograph of child

Please indicate name behind

APPLICATION FORM

I wish to enrol my child (male / female) into _____ (Class)

1. _____/_____
   SURNAME **FIRST NAME** **MIDDLE NAME**
2. **DATE OF BIRTH** _____ **SEX** _____
   ATTACH PHOTOCOPY OF BIRTH CERTIFICATE
3. **RELIGION** _____ **DENOMINATION** _____
4. **STATE OF ORIGIN** _____ **TOWN** _____
5. **PRESENT SCHOOL** _____
6. **PREVIOUS CLASS** _____
7. **BLOOD GROUP** _____ **GENOTYPE** _____
8. **ANY PREVIOUS SURGERY YES:** ☐ **NO:** ☐
9. **IF YES WHERE AND WHEN** _____
10. **ALLERGY TO ANY DRUG** _____
11. **TRANSFER CERTIFICATE / ACADEMIC RECORD YES:** ☐ **NO:** ☐
12. **NAME OF FATHER/GUARDIAN** _____
    - **(A) HOME ADDRESS** _____
    - **(B) OCCUPATION** _____
    - **(C) OFFICE ADDRESS** _____ **TEL** _____
    - **(D) NATIONALITY** _____
    - **(E) SIGNATURE** _____
13. **NAME OF MOTHER/GUARDIAN** _____
    - **(A) HOME ADDRESS** _____
    - **(B) OCCUPATION** _____
    - **(C) OFFICE ADDRESS** _____ **TEL** _____
    - **(D) NATIONALITY** _____
    - **(D) SIGNATURE** _____
15. **NEXT OF KIN** _____

    ADDRESS _____ **TEL** _____

Note: This Form is to be completed and returned to the Head of School
The form must be accompanied by: 1. Two passport photographs of the child 2. Original (for sighting only) and photocopy of the child's birth certificate 3. Parents' passport photographs 4. Copy of academic record of student/transfer certificate