



JS Margaret Schools

33^A, Adebola Ojomu Street, Aguda Surulere, Lagos.

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*** CRECHE * RECEPTION * NURSERY * PRIMARY**

Affix Two

Passport

Photograph

ADMISSION FORM NO: _____

SURNAME: _____

OTHER NAMES: _____

DATE OF BIRTH: _____

AGE: _____ **PRESENT CLASS:** _____

CLASS TO BE ADMITTED INTO: _____

PARENT'S NAME (FATHER): _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

PHONE NO (S): _____

NAME/ADD. OF LAST SCHOOL ATTENDED: _____

REASON FOR LEAVING: _____

Please attach photocopy of child's birth certificate and return to the School's Administrative Department.

FOR OFFICE USE ONLY

SCORES IN TEST: _____ **ADMITTED INTO:** _____

DATE: _____ **ADMISSION NO:** _____

APPROVED BY: _____ **SIGNATURE:** _____



Knowledge & Humility

JS Margaret Schools

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MEDICAL FORM

NAME: _____
SURNAME OTHERS

DATE OF BIRTH: _____

AGE: _____

DATE REGISTERED: _____

NATIONALITY: _____ STATE OF ORIGIN: _____

RELIGION _____

PARENT NAME (FATHER): _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

TEL: _____ E-MAIL _____

PARENT NAME (MOTHER): _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

TEL: _____ E-MAIL _____

HAS YOUR CHILD ANY KNOWN ILLNESS? IF YES, PLEASE STATE: _____

IS YOUR CHILD ALLERGIC TO ANYTHING? IF YES, PLEASE STATE: _____

DATE LAST IMMUNISED: _____ TYPE: _____

BLOOD GROUP: _____ H.B Level: _____

IN CASE OF EMERGENCY STATE, ANY HOSPITAL OF PREFERENCE? IF YES, PLEASE STATE

NAME AND ADDRESS: _____