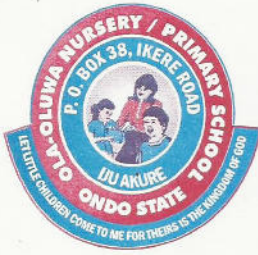


# OLA-OLUWA NURSERY/PRIMAY SCHOOL, IJU

P. O. BOX 38, IJU-AKURE NORTH, ONDO STATE, NIGERIA



Telephone: +234813 307 9064  
Email: admissions@olaoluwaskools.org  
website: www.olaoluwaskools.org

Passport  
Photograph  
of the child

## ADMISSION FORM

1. Surname of the Child:.....  
(BLOCK LETTERS)
2. Other names in full:.....
3. Date of Birth: (1) ..... (2) ..... (3) .....  
(Day) (Month) (Year)
4. Present Age:..... Height:..... Weight:.....  
(Please attach a photocopy of the birth certificate)
5. Has your child ever attended a day care centre / Nursery before?.....  
If "yes" give details:.....  
.....
6. Father or Guardian's name:.....
7. State, Name, Address and Occupation of person paying your school fees. (Father or Guardian):  
(i) Name and Business Address:.....  
(ii) Profession or Occupation:.....  
(iii) Home address if different from business address:.....
8. The above Child lives with (underline one) of the following:  
(a) Mother (b) Father (c) Both Parents (d) Guardian
9. Medical History (if any) or physical disability:-  
.....  
.....

I wish to enrol the child whose particulars are given above at OLA-OLUWA NURSERY / PRIMARY SCHOOL, Iju in .....(Month and year). I promise to abide by the conditions set out in the prospectus.

.....  
Parent / Guardian

.....  
Date

### OFFICE USE

1. Registration Number.....
2. Acceptable:.....
3. Class:.....
4. Other Remarks: .....
5. Headmaster/Mistress's Signature..... Date:.....