



PLAYGROUP, NURSERY AND PRIMARY SCHOOL

MOTTO: Sure footprints in the sand of time

2 Rumuogba Street, Artillery  
Port Harcourt, Rivers State.

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# REGISTRATION FORM

Attach one  
passport  
photograph

## Section 1 Pupil's Data

1. (a) NAME..... (b) CALL NAME: .....
2. (a) DATE OF BIRTH: ..... (b) SEX: (MALE/FEMALE) .....
3. (a) POSITION IN THE FAMILY (e.g 1<sup>ST</sup>, 2<sup>ND</sup>, etc,) ..... (b) NATIONALITY: .....
4. LAST SCHOOL ATTENDED: .....
5. (a) HOME ADDRESS: ..... (b) Tel: .....
6. (a) STATE: .....(b) LGA.....(c) RELIGION: .....

## Section 2 Parent's Data

7. (a) FATHER'S NAME:.....(b) MOTHER'S NAME: .....
8. (a) OCCUPATION: .....(b) OCCUPATION: .....
9. (a) OFFICE ADDRESS:.....(b) OFFICE ADDRESS: .....
10. (a) TEL. NO.:.....(b) TEL. NO.: .....
11. (a) EMAIL: .....(b) EMAIL: .....
12. MARITAL STATUS (PLEASE THICK WHICH ONE APPLIES);  
MARRIED  SINGLE  SEPARATED  DIVORCED  WIDOWED

## Section 3 Other Data

13. VACCINATION TAKEN (ATTACH PHOTOCOPY OF PROOF): .....
  14. (a) PECULIAR DISABILITY (IF ANY): .....
  - (b) BLOOD GROUP: ..... (c) GENOTYPE: .....
- FAILURE TO DISCLOSE ANY MEDICAL CONDITION AS REGARDS NUMBERS (13 & 14) ABOVE WILL RESULT IN YOUR CHILD/CHILDREN BEING EXPELLED FROM SCHOOL**
15. ALLERGIES/REOCCURRING AILMENT OF THE CHILD (IF ANY) E.G. NOSEBLEED, ASTHMA, (ETC)
  16. MEDICATION GIVEN: ..... (PLEASE SUPPLY WITH SCHOOL BAG EVERY DAY AND INFORM THE AUTHORITY)
  17. FAMILY DOCTOR/CLINIC: .....
  18. ADDRESS:..... PHONE NO. ....

**IN CASE OF EMERGENCY, DO WE (THICK AS APPLICABLE)**

19. (a) CALL ON EITHER OF THE PARENTS: 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup> (b) TAKE THE CHILD HOME 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup>  
(c) USE NEAREST CLINIC: 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup> (d) USE FAMILY PHYSICIAN 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup>

20. (a) NAME OF CONTACT PERSON: ..... (b) TEL: .....

21. TYPE OF SERVICE REQUIRED (TICK AS APPLICABLE):

(a) Playgroup  (b) Pre Nursery  (c) Nursery  (d) Primary

22. NAME OF PERSON TO PICK YOUR CHILD FROM SCHOOL: .....

23. (a) FATHER'S SIGNATURE/DATE: (b) MOTHER'S SIGNATURE/DATE:

.....

**ATTESTATION**

I, ....., attest that the information given in this form to the best of my knowledge is accurate and that I should be held liable for any error that may arise in the course of using the information supplied.

*Relationship with Pupil:* ..... *Signature/Date:* .....

**FOR OFFICIAL USE**

*Overall result/Documentation: (Tick one)*

I am satisfied with the pupil's overall performance and have also verified that he/she has met all documentation requirements. I hereby recommend him/her for admission. <input type="checkbox"/>	I am not satisfied with the pupil's overall performance. Although I have verified that he/she has met all documentation requirements. I do not recommend him/her for admission. <input type="checkbox"/>
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Name:.....

Signature/Date: .....

**APPROVAL**

THIS IS TO CERTIFY THAT THE ADMISSION OF THE ABOVE-MENTIONED PUPIL IS APPROVED:

SCHOOL CORDINATOR: .....

SIGNATURE: .....

DATE: .....

**ADMISSION NUMBER**

**PLEASE NOTE THAT PURCHASE OF FORM DOES NOT GUARANTEE ADMISSION**

*Thank you for choosing Little Teddies Nursery and Primary School. If you are not sure on how to complete any part of this application form or if you need some more information about the admission process.*

Please call: +234 802 545 6613, 803 309 6143  
or send us a **mail:** info@littleteddiesng.com