



CITYSIDE NURSERY SCHOOL
PLOT 1. PADDY ARIKAWA G.R.A. SAGAMU.
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ADMISSION FORM



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

Please Give Details of Any Physical Defect/Allergy/Bed Wetting Of the Child