

CITYSIDE PRIMARY SCHOOL

PLOT 1, PADDY ARIKAWE G.R.A. SAGAMU.

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ADMISSION FORM

Passport

1.	CANDIDATE'S NAME SURNAME			Photograph	
				of the child	
		FIRST NAME	MIDDLE NAME		
2.	DAT	E OF BIRTH	SEX		
3.	DATE OF BIRTH SEX ATTACH PHOTOCOPY OF BIRTH CERTIFICATE NATIONALITY AGE				
	RELIGION DENOMINATION				
5.	STATE OF ORIGINTOWN				_
6.	PRES	SENT SCHOOL			_
		SENT CLASS			_
	BLOOD GROUP GENOTYPE _				_
9.	ANY	PREVIOUS SURGERY YES:	NO:		
		ES WHERE AND WHEN			
					_
11	. ALLI	ERGY TO ANY DRUG			
		E OF FATHER			_
	(A)	HOME ADDRESS			_
	(B)	OCCUPATION			_
	(C)	OFFICE ADDRESS			
	(D)	SIGNATURE			
13	. NAN	ME OF MOTHER			
	(A)	HOME ADDRESS			_
	(B)	OCCUPATION			
	(C)	OFFICE ADDRESS			
	(D)	SIGNATURE			

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