

CITYSIDE SECONDARY SCHOOL

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

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ADMISSION FORM

Passport

1.	CANDIDATE'S N.	AME		Photograph	
	SURNAME			of the child	
		FIRST NAME	MIDDLE NAME		
2.	DATE OF BIRTH		SEX		
3.	ATTACH PHOTOCOPY OF BIRTH CERTIFICATE AGE AGE				
	RELIGION DENOMINATION				
5.	STATE OF ORIGI	N	TOWN		
6.	PRESENT SCHOO)L			
	. BLOOD GROUP GENOTYPE _				
9.	ANY PREVIOUS S	SURGERY YES:	NO:		
10	. IF YES WHERE A	ND WHEN			
11	. ALLERGY TO AN	Y DRUG			
	(A) HOME AD	DRESS			
	(C) OFFICE AI	DDRESS	TEL		
	(D) SIGNATUR	Æ			
13					
	(C) OFFICE AI	DDRESS	TEL		
	(D) SIGNATUR	EE			

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