



HOPECREST

NURSERY AND PRIMARY SCHOOL

Km 5, Igboora, Idere Road, Igboora, Oyo State.

E-mail: tirschool@tirconsulting.com

Motto: Hope, Courage & Success

08034836826, 08039419483

Form No:

ADMISSION FORM

Affix your
photograph
here

A. BIO - DATA

NAME: _____
Surname (Block Letter) *Other Name's*

DATE OF BIRTH: _____ SEX: _____ PLACE OF BIRTH: _____

NATIONALITY: _____ STATE OF ORIGIN: _____ HOME TOWN: _____

PREVIOUS SCHOOL: _____

PREVIOUS CLASS: _____

COMMON ILLNESS: _____

PARENT'S/GUARDIAN'S NAME: _____

PARENT'S/GUARDIAN'S OCCUPATION: _____

PARENT'S/GUARDIAN'S HOME ADDRESS: _____

PARENT'S/ GUARDIAN'S PHONE NUMBER: _____

B. HEALTH HISTORY: **STRICTLY CONFIDENTIAL**

HEIGHT: _____ WEIGHT: _____

BLOOD GROUP: _____ GENOTYPE: _____

ANY PHYSICAL DISABILLITY *e.g. Polio (If yes, specify)* _____

ARE YOU SUFFERING FROM ANY CHRONIC AILMENT? *(If yes, specify)* _____

C. PARENTS CERTIFICATION/UNDERTAKING

I agree to pay the necessary fees due in respect of my child in advance and to comply with all conditions stipulated in your school prospectus, which I have read carefully with full understanding.

I would like my child to start school on _____

FOR OFFICE USE AND FILLING

The above named child has been admitted into the school with the following particular

DATE ADMITTED	CLASS ADMITTED	NO. IN ADM. REG.

This Application form must be completed and returned.

PARENTS/ GUARDIAN'S SIGNATURE & DATE

SCHOOL STAMP & DATE