

PUPIL DATA

NAME: _____

SURNAME: _____

GENDER (M/F): _____

PLACE OF BIRTH: _____

NATIONALITY: _____ STATE: _____

DATE OF BIRTH:

Day	Month	Year
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SIBLING (S) AT THE KINDLE SCHOOL: _____

LANGUAGES SPOKEN: _____ RELIGION: _____

LAST SCHOOL ATTENDED: _____

SERVICES REQUIRED AT THE KINDLE SCHOOL:

Day care 3 months
(Baby Unit)

Early Years 1 - 5 Years

Primary Years 5 - 11 Years

PECULIAR DISABILITY (if any): _____

ALLERGIES (if any)
eg ASTHMA, NOSEBLEED e.t.c: _____

MEDICATION GIVEN: _____

FAMILY DOCTOR/CLINIC
Address & Phone Number: _____

affix
Passport

KADUNA

... Their Future our responsibility



DETAILS OF PARENTS/GUARDIANS

FATHER

NAME: _____

SURNAME: _____

OCCUPATION: _____

OFFICE ADDRESS: _____

TEL NO.: _____

HOME ADDRESS: _____

E-MAIL: _____

MOTHER

NAME: _____

SURNAME: _____

OCCUPATION: _____

OFFICE ADDRESS: _____

TEL NO.: _____

HOME ADDRESS: _____

E-MAIL: _____

DETAILS OF PERSON TO PICK YOUR CHILD

NAME: _____ NUMBER: _____

FATHER'S SIGNATURE: _____ MOTHER'S SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

SCHOOL ADMIN: _____

DATE: _____

PUPIL'S REGISTRATION: _____

