JOFAY NURSERY & PRIMARY SCHOOL, KANO

No. 150, Jigirya B., Hadejia Road, Kano. P. O. Box 2895
Telephone: *07059905912, 08159536379*

REGISTRATION NO.: ..... SESSION: .....

Attach Passport Photograph Here

ADMISSION FORM

(Particulars of Child in BLOCK LETTERS)

1. CHILD'S NAME: _____
Surname First Name Middle Name

2. DATE OF BIRTH (DD/MM/YYYY): _____ / _____ / _____ 3. NATIONALITY: _____

4. GENDER: MALE ☐ FEMALE ☐ 5. AGE: _____ 6. RELIGION: _____

7. STATE OF ORIGIN: _____ 8. LOCAL GOV'T AREA: _____

9. CLASS TO WHICH ADMISSION IS SOUGHT: _____ 10. ARM(LEVEL): _____

11. LANGUAGE(S) FREQUENTLY SPOKEN BY THE CHILD: _____

12. FATHER'S NAME: _____

13. OCCUPATION: _____ 14. PHONE NO.: _____

15. MOTHER'S NAME: _____

16. OCCUPATION: _____ 17. PHONE NO.: _____

18. E-MAIL ADDRESS: _____

19. RESIDENTIAL ADDRESS: _____

_____

20. WHO WILL PICK YOUR CHILD/CHILDREN FROM SCHOOL? _____

a. No child will be registered or accepted in the school until all fees are paid.

b. Subsequently, payments of fees for each term should be made by second week of resumption date.

c. All textbooks and stationery are to be bought promptly.

<u>Medical Information</u> (is COMPULSORY)

Blood Group: _____ Genotype: _____ Other Medical Info: _____

_____ _____
PARENT'S SIGNATURE DATE

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BURSARY/REGISTRATION DEPARTMENT

Name of Child	Admission No.	Class	Sports House