

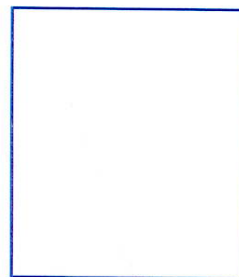


# SEASONS INTERNATIONAL SCHOOL

Unit K, Plot 22, Ewet Housing Estate, Uyo

Tel: 08169933750; 07016915576, 08179567766, 07037866351

e-mail: schoollife4me@yahoo.com



## ADMISSION FORM

Surname: \_\_\_\_\_ Other names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

*Please attach photocopy of birth certificate*

State of Origin: \_\_\_\_\_ Local Govt. Of Origin: \_\_\_\_\_

Father's/guardian's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home tel: \_\_\_\_\_ Office Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's/guardian's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Office or Home Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Office Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Records of infectious diseases: \_\_\_\_\_

Records of Vaccination or Immunizations: \_\_\_\_\_

(Delete where not applicable): \_\_\_\_\_

Polio/Tetanus/Whooping Cough/Diphtheria/Small Pox/Measles: \_\_\_\_\_

Food allergy: \_\_\_\_\_

I understand and agree to pay each term's fee in advance and to give half term's written notice before with-drawing my child from the school or pay a term's fee in lieu of notice, I also agree to comply with all conditions stipulated in the School's handbook which I have read carefully and fully with understanding.

Date: \_\_\_\_\_ Parent's signature: \_\_\_\_\_

### FOR OFFICE AND FILING

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

NAME	DATE ADMITTED	CLASS ADMITTED	NO. IN ADM. REG

\_\_\_\_\_ Date

\_\_\_\_\_ Administrator's Signature