



EL-CRYSTAL STAR MONTESSORI SCHOOL

CRÈCHE, PLAYGROUP, NURSERY, PRIMARY

4, Olowojeunjeje Street, Igando, Ikotun, Lagos
40, Oje Olorunfemi Street, Egan Igando Lagos, Nigeria
Tel:08025364886, 08034930996
E-mail: crystaloye@yahoo.com

Affix child's
recent
photograph

ADMISSION FORM

ADMISSION NO: 00.....

2000/20.....
ACADEMIC SESSION

Name of Child: _____

Age _____

Date of Birth: _____ Place of Birth. _____

Sex of Student: Male Female

School Attended (if any) _____

School Address _____

Class at Present _____

State of Origin: _____

Nationality: _____

Name of Father/Guardian: _____

Father/Guardian's Occupation: _____ Tel: _____

Name of Mother/Guardian _____

Mother/Guardian Occupation _____ Tel: _____

Parent/Guardian Contact Address: _____

Parent's Religion _____

Position of Child in the Family

1st Child _____ Last Child _____ State other Position in the family _____

Languages Spoken at Home

English Language _____ Any Foreign Language, specify _____

Nigerian Language (s): Igbo _____ Yoruba _____ Hausa _____

Others, specify _____

Physical Information:

Speech Development: Average _____ Slow _____ Fast _____

Total Blindness _____ Partial Blindness _____

Clear Vision _____ Needs aid _____ Specify _____

Any other Handicap _____

Family Doctor (if any)

Name _____

Address _____ Tel. No. _____

Parent/Guardian's Signature/Date

Date of Admission

NB: Please, supply the information and return the form to the school.