Admission/Enrolment Form



MIND BUILDERS HIGH SCHOOL

Plot 4, Otunba Jobi Fele Way, Ikeja CBD, Alausa Lagos. Tel: 09062981730, 09062981736, 09076030308, 09076030304 Website:www.mindbuilderschools.org E mail:admin@mindbuilderschools.org



MIND BUILDERS HIGH SCHOOL

Student's Admission/Enrolment Form

Please complete this form in CAPITAL/BLOCK LETTERS

Personal Details

1. The Student	Family Name	Family Name Other Names						
	Male	Female	State of Origin	Lo	cal Govt. Area			
	Date of birth	Date of birth (Birth Certificate Required) Place of birth						
	Weight	kg	Height Met	ersCm	Religion			
	Residential A	ddress						
	•	, ,		Telephone Nu	mber(2)			
2. Parents' Name Full								
	Mother							
Residential Address								
Home Telephor Number	10							
Occupation of Father								
Name and Add of Employer	ress							
Contact Phone Number	Office			Mobile				
E-mail addres	s							
Occupation of Mother	 F							
Name and Add Of Employer	dress							
Contact Phone Number	e	Office		Mobile				
Email address								
3. Guardian's Co	ontact Name							
	Address							
	Phone No.	Office		Mobile				
	Email address							

4. Fee Correspondence		Name Relationship to student				
	(if accounts are not to be sent to	Address				
	Parents or legal Guardians above					
		Phone (Office) Phone (Residence)				
		Email Address				
5.	About You	Future ambition				
		Please state your hobbies and sporting interests				
		Medical Information Do you have any injuries or medical conditions that require special attention?				
		No Yes (if yes please specify)				
		Family Hospital & Address:				
		Allergies				
		Blood Group Genotype				
6.	Contact in case	of Name				
	,	Address				
		Relationship Phone Number				
7.(a)	Educational Background	Primary School				
	Background	Name of School				
		Address:				
		From (Date) To (Date)				
		Current class:				
		Phone Number				
		E-mail Address				
		Name of Headteacher				
		Contact phone no				
		Post held in the Primary School				
	(b)	Secondary School				
		Name of current or previous school				
		Date attended: From To				
		School Address				
		Current Class				
		Telephone Number E-mail address				
		Name of Head of school/Principal				

Please list subjects and most recent grades or scores below and attach an official academic report

Subjects	Grade	Date
:		
0.		
1.		
2.		
		<u>'</u>
Month		
Year		
UNDERTAKING		

8.

9.

Proposed month & year of Proposed

> We understand tl understanding that he/she accepts and conforms to the rules of the school. We hereby undertake to conform to the conditions and all regulations of the school especially as regards hours of attendance, punctuality, discipline, notification of absence, provision of books & lunch, prompt payment of fees and compliance with school uniform standards. Notice of intention to withdraw our child from the school will be given on or before the first day of the students' final term.

Signature of parents:						Father
						Mother
						Mound
Date	Day	Month		Year		
		Data.	Data Data	Data Data	Data Varia	Data Volume