



# DIOCESAN EDUCATION CENTRE

*MOTTO: Knowledge and Light*

No. 5 Nzimiro Street, Amadi Flats. Port Harcourt. Rivers State - Nigeria

Phone: \_\_\_\_\_

AFFIX A RECENT  
PASSPORT  
PHOTOGRAPH OF  
PUPIL HERE

## ADMISSION FORM (NURSERY/PRIMARY SCHOOL)

**INSTRUCTION:** COMPLETE THE FORM IN BLOCK LETTERS  
FORM NUMBER/SESSION \_\_\_\_\_

### *PUPIL'S INFORMATION:*

Name: \_\_\_\_\_  
SURENAME FIRSTNAME MIDDLENAME

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

LGA. of Origin: \_\_\_\_\_ State of Origin: \_\_\_\_\_ Nationality: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Previous Class: \_\_\_\_\_

Previous School \_\_\_\_\_ Present Class: \_\_\_\_\_

### MEDICAL INFORMATION:

- Has the child be immunized against Whooping Cough  Polio  Measles  Tetanus
- Is the child handicapped \_\_\_? If yes. please indicate \_\_\_\_\_
- Is the child allergic to any food \_\_\_? If yes. please indicate \_\_\_\_\_
- In case of emergency. please indicate your family Hospital \_\_\_\_\_
- If there is any history of the child that would be useful to us. please indicate: \_\_\_\_\_

### *PARENT/GUARDIAN INFORMATION:*

Name: \_\_\_\_\_ Relationship with Pupil: \_\_\_\_\_  
SURENAME FIRSTNAME

Residential Address: \_\_\_\_\_

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

Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

### *PARENT / GUARDIAN ATTESTATION:*

I, \_\_\_\_\_ hereby certify that all information given above are true and that I shall be responsible for the financial obligations pertaining to the students curricular and non-curricular activities in the school.

\_\_\_\_\_  
Parent / Guardian Signature and Date

### FOR OFFICE USE ONLY

Receipt No. \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Name of Issuing Officer: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_  
*Official Stamp*