



# CHRIST CHURCH CHAPEL SCHOOL

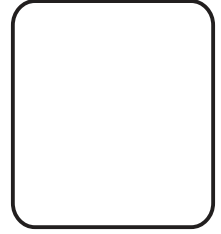
Achieving Excellence Through Godly Care

Christ Church Chapel

University of Nigeria, Nsukka, Enugu State

+234 816 048 0894 | +234 803 753 7133

## ADMISSION FORM



Surname: \_\_\_\_\_ Other Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Previous School \_\_\_\_\_

Father's Name \_\_\_\_\_

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

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

Home Telephone \_\_\_\_\_ Office Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Office Address \_\_\_\_\_ Office Telephone \_\_\_\_\_

Religion \_\_\_\_\_

Record of infection diseases \_\_\_\_\_

A copy of birth certificate \_\_\_\_\_

Record of vaccinations or immunisations \_\_\_\_\_

***Polio/tatanus/ whooping cough/diphtheria/smallpox/measless***

(Please produce evidence to show)

### UNDERTAKING BY PARENT / GUARDIAN

- I undertake and agree to pay each term's fee in advance
- I undertake to make adequate feeding arrangement for my child / children.
- I undertake to collect the child / children in the nursery section immediately after closing hour. i.e at ----- and those for day - care not later than ----- where this is not possible, special arrangement will have to be made at my own expense.
- I also undertake to buy correct uniform for my child in the nursery / primary school department.

\_\_\_\_\_  
*Parent's Signature / Date*

### FOR OFFICE USE AND FILING

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

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Name	Class and Date Admitted	Admission No. in Reg.	Director's Approval