



FRONTLINE INTERNATIONAL SCHOOL

(DAYCARE NURSERY, PRIMARY AND SECONDARY)

NO. 26 JERRY LANE OGBATAI OFF ELITOR STREET
WOJI PORT HARCOURT

Passport
Size
Photograph

REGISTRATION FROM/APPLICATION FOR ADMISSION SESSION

1. NAME OF CHILD:

SURNAME..... OTHER NAMES

SEX.....DATE OF BIRTH

2. PREVIOUS SCHOOL:

CLASS PASSED AT PREVIOUS SCHOOL.....

CLASS FOR WHICH ADMISSION IS SOUGHT.....

2. STAFF/NON STAFF:

NAME OF PARENT..... STATUS

RESIDENT ADDRESS..... OFFICE.....

PHONE NO: HOME.....OFFICE

5. OTHERS:

STATE ORIGIN.....NATIONLITY.....

RELIGION

RELATIONSHIP TO CHILD

DOES YOUR CHILD HAVE ANY MEDICAL HISTORY THAT REQUIRES SPECIAL HANDING

e.g (EPILPSY, POLIO) YES/NO IF PLEASE GIVE DETAILS

ATTACHMENTS:

(I)PHOTOCOPY OF BIRTH CERTIFICATE

(II) PHOTOCOPY OF IMMUNISATION CERTIFICATE

7. NOTES:

IT IS IMPORTANT TO REMIND ALL PARENTS AND GUARDIANS THAT MANIPULATION OF CHILDREN'S AGES IS VERY DETRIMENTAL TO CHILDREN'S ACADEMIC PROGRESS AND DISHONORABLE TO YOUR INTEGRITY. YOU ARE THEREFORE ADVISED TO DESIST FROM IT.

8. CERTIFICATION:

I certify that the information given in respect of child/ward is correct and that any misleading information noticed should lead to the disqualification of the above named child .

Parents/Guardian's Signature

FOR OFFICIAL USE ONLY

The Application is Recommended/not Recommended and Admitted/not Admitted
Kindergarten/ Primary

H/M's Signature