



CHIVEL INTERNATIONAL SCHOOL NURSERY/PRIMARY SCHOOL

12 MAJESTY AVENUE, BEHIND N.T.A., MGBUOBA ROAD
PORT HARCOURT, RIVERS STATE
FOR ENQUIRIES: TEL: 08060190232, 08032252904

ADMISSION/ REGISTRATION FORM

NO:

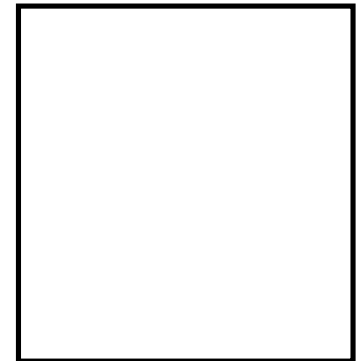
Instruction: Complete this form using CAPITAL LETTERS

1. Name of Child/Ward: (Write all names in full)

Surname:

First Name:

Other Names:



2. Sex: Male/ Female

3. Date of Birth (dd/mm/yyyy):

(Come with original birth certificate for verification and a photocopy)

4. Blood Group: Genotype:

5. Place of Birth:

(Give the name of the Hospital/ Maternity/Health Care Centre)

6. Home Town:

7. LGA: State of Origin:

8. Nationality: Religion:

Languages used at home:

PARENT/GUARDIAN INFORMATION:

(a) (i) Father's Name:
(Surname, First Name & Other Name)

(ii) Occupation:

(iii) Residential Address (Current):
.....

(iv) Office Address:
.....

(v) Telephone: Home Office

(b) (i) Mother's Name:
(Surname, First Name & Other Name)

(ii) Occupation:

(iii) Residential Address (Current):
.....

(iv) Office Address:
.....

(v) Telephone: Home Office

(c) Who does the child live with: (Circle the right option)

(i) Both Parents YES/NO (ii) Father Only YES/NO

(iii) Mother Only YES/NO (iv) Guardian YES/NO

10. (a) Address of Parent/Guardian (in case of emergency):
.....

(b) Telephone:

11. Name and Address of Family Doctor:
.....

DETAILED HISTORY OF CHILD'S/WARD'S HEALTH

(a) Immunization Given (Please produce original card and one (1) photocopy)

Type of Vaccination	Date	Place

(a) (i) Does your child have any special health issue? YES/ NO

(ii) If yes, Please indicate from the list below:

- Convulsion YES/NO
- Defective Hearing YES/NO
- Defective Sight YES/NO
- Bleeding Nose YES/NO
- Other health Problem(s) (Please state clearly):
-

12a. How did you hear about this school? Radio, Billboard, Social Media –
(facebook, website or Referral)?

12b. If referral, kindly provide name, phone Number & e-mail address:

13. PICK UP PLAN

In the absence of you or your husband, is there anyone that will be picking up your child? YES/NO

If yes, please complete the section below:

Name:

Relationship:

Note: Include two passport pictures each of father, mother and escort

PARENT'S DECLARATION

I wish to enroll my child/ward whose particulars are given above, at CHIVEL INTERNATIONAL SCHOOL and will, if accepted, abide by the rules and regulations laid down by the Governing Council of the school and as contained in the school-parent partnership.

Name:

Surname

First Name

Other Name(s)

Relationship to Child:

Date: Signature:

FOR OFFICIAL USE

Age of Child/Ward: Class Proposed:

Summary of Performance at the Interview:

.....

Class Admitted:

Name/Signature/Date

.....

.....