



ADUVIE

INTERNATIONAL SCHOOL

CRECHE (3 MONTHS+) NURSERY, PRIMARY & SECONDARY

No 1 Aduvie Close off Aduvie Way, Jahi District, P.M.B. 5386, Abuja. Tel: +234 (0) 8089394474

E-mail: info@aduvieinternationalschool.org, aduvieinternationalschool@gmail.com

Website: www.aduvieinternationalschool.org

ABJ/20_____



PASSPORT PHOTOGRAPH

ADMISSION NO.

REGISTRATION FORM

Please attach 2 recent passport sized photographs with the child's name at the back

FULL NAME OF PUPIL/STUDENT

Surname:

Middle Name:

First Name:

DATE OF BIRTH

GENDER

NATIONALITY

LANGUAGES SPOKEN

RELIGION

PLACE OF ORIGIN

Present Class:

Intended Class:

Last School Attended:

PARENT'S DETAILS

Father's Name

Mother's Name

RESIDENTIAL ADDRESS

House _____ Flat _____ Street _____

Area _____ Landmark _____

Town _____ State _____

House _____ Flat _____ Street _____

Area _____ Landmark _____

Town _____ State _____

E-mail

E-mail

Work Hours Tel.:

Personal GSM:

WhatsApp Tel.

Work Hours Tel.:

Personal GSM:

WhatsApp Tel.

MEANS OF IDENTIFICATION AND ID NUMBER

OFFICE ADDRESS

Rank

Department

Rank

Department

Ministry:

Branch

Ministry:

Branch

Office Location: Street

Office Location: Street

VILLAGE/TOWN OF ORIGIN

Town/Village

State

Town/Village

State

GUARDIAN'S FULL NAME <i>(Guardian should be above 21 years of age and a resident of Abuja for the student in the boarding house)</i>
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Indication of relationship with parent

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RESIDENTIAL ADDRESS			
House	Flat	Street	Area
Landmark	Town	State	

DETAILS							
<p><i>E-mail</i></p> <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 100%;"></td> </tr> </table>		<p><i>Means of identification and ID number</i></p> <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 100%;"></td> </tr> </table>					
<p><i>Work hours Tel:</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>		<p><i>Personal GSM:</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>		<p><i>WhatsApp Tel:</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>		<p><i>Rank</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>	
<p><i>Ministry:</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>				<p><i>Department</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>			
<p><i>Branch:</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>			<p><i>Office Location: street</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>				
<p>VILLAGE/TOWN OF ORIGIN</p>		<p><i>Town/Village</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>		<p><i>State</i></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>			

Tick where appropriate

<input type="checkbox"/> Single Parent	<input type="checkbox"/> Divorcee	<input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Others
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In case of divorced or legally separated, who has custody of the child?

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Others	<input type="checkbox"/> NA
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Is your child on any special medication?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please state details: _____

Has your child taken all necessary immunizations?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(If yes, attach a copy of the immunization card.)

If no, please provide details _____

Does your child have any peculiar allergies / Medical reservations?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have any special request/comment? _____

I agree for my child's photographs to be used and published by the school

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*Forms are to be returned to the school
Please attach a recommendation letter from your present school.*

I.....hereby confirm that the information provided is true and accurate. I undertake to notify ADUVIE INTERNATIONAL SCHOOL of any changes to the above particulars.

Signature: _____ Date _____

This form supercedes all previous information provided to the school (for existing parents only)

How did you get to know about us? Social Media Billboard Referral Others

If yes, please indicate by whom? _____