

# SCHOOL FORM



Admission No. \_\_\_\_\_

PUPIL'S  
PASSPORT

Surname \_\_\_\_\_

Other Names \_\_\_\_\_

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

Sex \_\_\_\_\_

Blood Group \_\_\_\_\_

Nationality \_\_\_\_\_

State of Origin \_\_\_\_\_

Last Class \_\_\_\_\_

Former School \_\_\_\_\_

Child's Allergy (if any) \_\_\_\_\_

Peculiar Ailment of the Pupil \_\_\_\_\_

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

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

Occupation \_\_\_\_\_

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

Occupation \_\_\_\_\_

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

Parent's Address \_\_\_\_\_

Place of Work \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

We \_\_\_\_\_ guarantee prompt payment of school fees, support for the school policy and programme at all time. We shall encourage our child/children to obey the rules/regulation of the school.

\_\_\_\_\_  
Parent's/Guardian's Signature & Date

\_\_\_\_\_  
for: Olive Scholars