

BIODATA FORM

Dear Parent(s),

In order to update our records and ensure accurate dissemination of information, we request that you complete this form. The accuracy of the details provided is important. Please return the completed form to the school office. Thank you.

CHILD'S NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Other Names

Date of Birth: (e.g 17/Jan./1990): Gender: Male Female

Class State of Origin

House Address:

Father's Name: Father's Phone No:

Father's Work Address:

Father's E-mail Address:

Mother's Name: Mother's Phone No:

Mother's Work Address:

Mother's E-mail Address:

Guardian's Name: Guardian's Phone No:

Guardian's Address:

Guardian's E-mail:

Allergies / Health Conditions (if Any):

Other Siblings Presently in the school:

Signature	Other Comments:	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>