



Care, Confidence and Integrity

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Passport
Photograph

APPLICATION FOR ADMISSION

Please complete this form clearly in BLOCK LETTERS

CHILD DETAILS:

Name (surname first):

Date of Birth: Day Month Year

State of Origin: Nationality: Language(s) Spoken:

Sex: Religion:

Address (Residential):

PARENT DETAILS:

Name:

Address:

Phone Number(s): Email:

Office Address:

Guardian Name (If any):

Guardian Phone Number:

Health Condition

Please specify if your child / ward has any special health condition(s) or allergy

Comments:

I have read and understood the details of this form and attest that they are correct to the best of my knowledge.

Parent's Signature:.....

Date:.....

OFFICIAL USE ONLY

Admitted Not Admitted Form No.: Date

Comments:.....

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