

VINCY-FROEBEL MODEL COLLEGE

Admission / Registration Form

APPLICANT'S PERSONAL INFORMATION

Surname: _____

Other Name(s): _____

Present Primary School(s) Attended by the Child:

Residential Address:

Present Address (if different from residential address):

Sex: _____ Date of Birth: _____

State of Origin / L.G.A.: _____

Residential Local Government Area: _____

B. PARENT / GUARDIAN INFORMATION

Name: _____

Office Address: _____

Occupation: _____ **Mobile Phone No.:** _____

Day/Boarding Student: Day Boarding

Signature & Date: _____

APPLICANT'S MEDICAL INFORMATION

Applicant Genotype: _____ **Blood Group:** _____

Rhesus Factor: _____ **Disability (State if any):** _____

Allergies: _____

Other Relevant & Necessary Information: _____

PHYSICAL INFORMATION

I. CHILD PHYSIQUE:

EXCELLENT GOOD AVERAGE

II. SIGHT:

CLEAR VISION PARTIAL VISION NEEDS AIDS

PREVIOUS SCHOOL DETAILS

Signature and Stamp of the Former School Head Teacher/Principal:

I certify that _____ was a student of this school
from _____ to _____ and left in good standing.

Signature: _____ **Date:** _____

School Name: _____

School Address: _____

Official Stamp:

(Please affix stamp here)

F. PARENT'S / GUARDIAN ACCEPTANCE

I, _____, parent/guardian of
_____, declare that the information provided
above is true and complete. I promise to abide by the rules and regulations of Vincy-
Froebel Model College to facilitate the learning process of my child. So help me God.

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Admission Status: Admitted Not Admitted

Admission Number: _____

Class Assigned: _____ **Allocated House/Hall:** _____

Principal's Signature: _____ **Date:** _____

Admissions Officer: _____ **Date:** _____

Important Note:

- **Your child's last school result must be attached.**
- Completed forms should be submitted to the school office along with:
 - Birth Certificate
 - Two recent passport photographs
 - Immunization card
 - Transfer Certificate (if applicable)