



TSI NURSERY AND PRIMARY SCHOOL

Basic Section: Plot 18, Alolade Kazeem Street, Gemade Estate, Off Gowon Estate, Ipaja, Lagos.

Pre-School: Plot 4, Lateef Oluwambe Street, Gemade Estate, Off Gowon Estate, Ipaja, Lagos.

Website: www.treasurestars.com **E-Mail:** tsischools@treasurestars.com **Facebook:** Treasure Stars

ADMISSION FORM



Please kindly fill this form correctly. An Instructor will be happy to assist you if you have any questions.

Name of Child	
Date of Birth	
Nationality	
Sex of Pupil	
Genotype	
Blood Group	
State of Origin	
Name of Father	
Occupation	
Address	
Telephone (Home)	
Telephone (Work)	
Email Address	
Name of Mother	
Occupation	
Is he/she Toilet Trained?	
Address	
Telephone (Home)	
Telephone (Work)	
Email Address	

<i>First Language of Child and Parent</i>	
<i>Name of Doctor</i>	
<i>Address</i>	
<i>Tel No</i>	
<i>Name(s) of person</i>	
<i>Authorized to collect your child</i>	
<i>2 passport photographs of authorized person</i>	
<i>Is there anything your child should not eat or drink?</i>	
<i>Does your child suffer from allergies / illnesses?</i>	
<i>Is your child taking any medication?</i>	
<i>If yes, please specify. If you would like staff to keep this medication in a locked place, you must fill in a medication consent form always.</i>	
<i>Please ask the staff for this form.</i>	
<i>Please give details of recent Immunization</i>	
<i>Is there any other information that you would like to tell us about your child's special needs, likes, dislikes or behavior</i>	
<i>Has he / she attended any School before?</i>	
<i>If yes, please give details</i>	

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____

SCHOOL STAMP / SIGNATURE / DATE

FOR OFFICE USE ONLY

DATE OF ADMISSION: _____

CLASS ADMITTED: _____

REMARKS: _____