

Passport  
Photo



**OENOMEL  
SCHOOLS**  
CRECHE | NURSERY | PRIMARY  
*...developing the total child*

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## FORM 01

### CHILD'S BIODATA

FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PRESENT AGE \_\_\_\_\_

RELIGION \_\_\_\_\_ GENDER \_\_\_\_\_

NATIONALITY \_\_\_\_\_

### PARENTS' BIODATA

FATHER'S FULL NAME (Mr., Dr., Chief,) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

NATIONALITY \_\_\_\_\_

RELIGION \_\_\_\_\_

BUSINESS NAME & ADDRESS \_\_\_\_\_

FATHER'S PHONE NUMBER (S) \_\_\_\_\_

FATHER'S EMAIL ADDRESS \_\_\_\_\_

PARENTAL STATUS    Single Parent     Step Father     Regular Parent

MOTHER'S FULL NAME (Mrs, Dr. Chief,) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

**FORM 02**

**CHILD'S ADMISSION DATA**

LEVEL FOR ADMISSION: Creche  Preparatory  Nursery 1  Nursery 2  Kindergarten   
Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6

SCHOOLS ATTENDED WITH DATES (for transfer pupils) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST REASONS FOR TRANSFER 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

(Attach a photo copy of last school's performance records)

MOTHER'S OCCUPATION \_\_\_\_\_

NATIONALITY \_\_\_\_\_

RELIGION \_\_\_\_\_

BUSINESS NAME & ADDRESS \_\_\_\_\_

MOTHER'S PHONE NUMBER(S) \_\_\_\_\_

MOTHER'S EMAIL ADDRESS(S) \_\_\_\_\_

PARENTAL STATUS: Single Parent  Step Mother  Regular Parent

**FAMILY & MEDICAL DATA**

**FAMILY**

Name of Child \_\_\_\_\_

Pet Names \_\_\_\_\_

Number of Siblings \_\_\_\_\_

Position among Siblings \_\_\_\_\_

Favourite Food \_\_\_\_\_

Observable Talents/Potentials/Hobbies \_\_\_\_\_

Observable Dislikes \_\_\_\_\_

**MEDICALS**

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

Pre-existing Health Issues (list, if any) 1 \_\_\_\_\_

2 \_\_\_\_\_ 3 \_\_\_\_\_

Eye Sight \_\_\_\_\_ Hearing \_\_\_\_\_ Allergies \_\_\_\_\_

Observable Physical Disorders: Clumsiness in Movement  Speech Disorder

Sleep Disorder

*If your child has any medical condition(s) that the school needs to be aware please list and describe*

1. \_\_\_\_\_

2. \_\_\_\_\_

In case of emergency call any of these numbers

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

*(Please attach a photocopy of relevant medical records, and birth certificate)*

FATHER'S SIGN

MOTHER'S SIGN

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**FORM 03  
CHILD COLLECTION AUTHORIZATION**

\_\_\_\_\_ has my permission to be picked up from school by the following person(s). *Please include parents names as well (Passport photographs of authorised collectors are required)*

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone No \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone No \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone No \_\_\_\_\_

4. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone No \_\_\_\_\_

*I understand that my child will not be released to anyone other than those listed without my permission,*

\_\_\_\_\_  
Parent's Signature (Father/Mother)

\_\_\_\_\_  
Date