

KKES/011/\_\_\_\_\_



# KITH & KIN EDUCATIONAL SCHOOLS

NURSERY | PRIMARY | SECONDARY  
7/11 Kaoli Olusanya Street, Ibeshe Road,  
Owede Ibeshe, Ikorodu, Lagos State.  
E-mail: info@kithandkinschools.net  
Website: www.kithandkinschools.net  
Phone: 01-7348230, 08031143454, 07031387794  
08037137973, 08037183071, 08031143454

## ADMISSION FORM

Please fill in Block Capitals

1. SURNAME: \_\_\_\_\_
2. OTHER NAMES \_\_\_\_\_
3. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_
4. SEX: MALE  FEMALE
5. STATE OF ORIGIN \_\_\_\_\_ NATIONALITY \_\_\_\_\_

### 6. PARENT'S DATA

#### FATHER

NAMES \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
RESIDENTIAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_   
OFFICE ADDRESS \_\_\_\_\_  
TEL: MOBILE \_\_\_\_\_  
HOME \_\_\_\_\_ OFFICE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

#### MOTHER

NAMES \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
RESIDENTIAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_   
OFFICE ADDRESS \_\_\_\_\_  
TEL: MOBILE \_\_\_\_\_  
HOME \_\_\_\_\_ OFFICE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

### 7. PLEASE GIVE AN OUTLINE OF YOUR CHILD'S ARTISTIC, DRAMATIC, MUSICAL OR SPORTING SKILLS OR EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. APPLICANT'S PREVIOUS SCHOOL: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
LAST CLASS ATTENDED \_\_\_\_\_  
LAST REPORT \_\_\_\_\_
9. HAS THE APPLICANT TAKEN ANY OTHER EXTERNAL EXAMINATION (e.g. Entrance Examination to other Secondary Schools).  
Where? \_\_\_\_\_
10. IS THE APPLICANT TRANSFERRING FROM ANOTHER SCHOOL? IF YES, ATTACH THE TRANSCRIPT OF WORK  
OF CONTINUOUS ASSESSMENT RECORDS.