

**PURE CITY INTENATIONAL SCHOOL**

**1. CHILD’S DETAILS**

CHILD’S SURNAME:……………………………………………………………………………………..

FIRST/MIDDLE NAME:…………………………………………………………………………………

DATE OF BIRTH…………………………………AGE: LAST BIRTHDAY……………………….

PLACE OF BIRTH:…………………………………………………………………………………………

GENDER:…………………………………NATIONALITY:……………………………………………

LANGUAGES: SPOKEN/UNDERSTOOD:…………………………………………………………

…………………………………………………………………………………………………........................

ADMISSION DATE:……………………………………………………………………………………....

PERCULIAR HABITS (IF ANY) (EMOTIONAL ETC)…………………………………………

RESIDENTIAL ADDRESS:………………………………………………………………………………

…………………………………………………………………………………………………………………………

REIGIOUS DENOMINATIO:…………………………………………………………………………………

RIGHT HAND: YES NO:

WHO WILL PAY THE SCOOL FEES:………………………………………………………………….....

**2. PREVIOUS SCHOOL ATTENDED**

DATE LAST SCHOOL ATTENDE:…………………………………………………………………………

REASONS FOR LEAVING:……………………………………………………………………………………

…………………………………………………………………………………………………………………………

CLASS SOUHT:…………………………………………………………………………………………………..

**3. FATHER’S DETAILS**

FATHER’S SURNAME:………………………………………………………………………………………..

OTHER NAMES:…………………………………………………………………………………………………

OCCUPATION:……………………………………………………………………………………………………

PLACE OF WORK……………………………………………………………………………………………….

TEL. NO………………………………………………..MOBILE NO………………………………………...

RESIDENTIAL ADDRESS:……………………………………………………………………………………

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POSTAL ADDRESS:…………………………………………………………………………………………….

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**4. MOTHER’S DETAILS**

MOTHER’S SURNAME:………………………………………………………………………………………

OTHER NAMES:…………………………………………………………………………………………………

OCCUPAION:……………………………………………………………………………………………………..

PLACE OF WORK:………………………………………………………………………………………………

TEL. NO…………………………………………........MOBILE NO…………………………………………..

RESIDENTIAL ADDRESS:……………………………………………………………………………………

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POSTAL ADDRESS:……………………………………………………………………………………………

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**5. GUARDAN’S DETAILS**

(1) SURNAME:…………………………………………………………………………………………………...

OTHER NAMES:……………………………………………………………………………………………

TEL. NO………………………………………………………………………………………………………

(2) SURNAME:…………………………………………………………………………………………………..

OTHER NAMES:……………………………………………………………………………………………

TEL. NO……………………………………………………………………………………………………….

**6. MEDICAL DETAILS (SELECT YES OR NO AS APPLICABLE)**

HAS THE CHILDREN SUFFERED FROM ANY DISEASE? YES NO

IF YES GIVE DETAILS:………………………………………………………………………………………..

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HEARING IS IT NORMAL? YES NO

IF NO GIVE DETAILS…………………………………………………………………………………………

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EYE SIGHT: IS IT NORMAL? YES NO

IF NO GIVE DETAILS…………………………………………………………………………………………

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IS THE CHILD ALLERGIC TO ANY FOOD? YES NO

IF YES GIVE DETAILS…………………………………………………………………………………………

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**VACINATIONS:**

1. BCG Date:……………………………………………………………………………………………..
2. DPT Date: 1st ………………………2nd ……………………………3rd ………………………..

Booster:……………………………………………………………………………………………………….

1. Smallpox Date:………………………………………………………………………………………..
2. Measles: Date:………………………………………………………………………………………….
3. Anti-cholera Date:………………………………………………………………………………
4. Polio Date: 1st …………………………2nd …………………..3rd ………………………….

**FOR OFFICIAL USE ONLY**

Date/Tem Of Admission:……………………………………………………………………………………

…………………………………………………………………………………………………………………………

Admission Number/Class:………………………………………………………………………………….

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COMMENTS:…………………………………………………………………………………………………

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