



Amazing Talents Schools

10, Aglad Avenue, Idimu, Lagos State.

Motto: Our Children, Our Pride

Creche » Nursery » Primary

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ADMISSION FORM

NAME OF PUPIL (BLOCK LETTERS) _____

DATE OF BIRTH _____

HOME ADDRESS _____

LAST SCHOOL ATTENDED (IF APPLICABLE) _____

PRESENT CLASS _____

RELIGION _____

ANY PHYSICAL DISABILITY (YES/NO) _____

NATIONALITY _____

STATE _____

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS _____

OFFICE ADDRESS _____

PARENT'S E-MAIL ADDRESS _____

TELEPHONE NO _____

OCCUPATION _____

I Chief, Mr/Mrs, Alhaji _____ parent of _____

hereby affirm to abide by the rules and regulations of the school and also undertake the full educational expenses of my son/
daughter.

Note: Fees paid are not refundable

Parent's/Guardian's Name & Signature

FOR OFFICIAL USE ONLY

Date of Enrolment: _____ Class Admitted to: _____

No. On Admissions Register: _____ Date: _____

Admission Certified by: _____