

TATMOL INTERNATIONAL SCHOOL

PRE-SCHOOL • BASIC CLASSES • COLLEGE

16, Ifelodun Street, Loburo-Mowe Ogun State

Tel: 0907 582 3398 | 0903 574 2220/09160833802/

grooming the future capability

APPLICATION FOR ADMISSION

Admission to Class: _____ | Academic Year: _____

STUDENT DETAILS

Surname: _____ First Name: _____ Other Names: _____

Date of Birth: (DD/MM/YYYY) ____ / ____ / _____

Gender:

☐ Male

☐ Female

☐ Prefer not to say

Nationality: _____

State of Origin: _____

Local government: _____

Religion: _____

Previous School Attended: _____

Class/Grade Completed: _____

Medical Information: _____

Allergies: _____

Existing Medical Conditions: _____

Special Needs/Support Required: _____

PARENTAL/GUARDIAN DETAILS

Father's Full Name: _____

Occupation: _____

Mobile Number: _____

Email Address: _____

Mother's Full Name: _____

Occupation: _____

Mobile Number: _____

Email Address: _____

Guardian's Full Name (if applicable): _____

Relationship to Student: _____

Mobile Number: _____

Email Address: _____

Home Address: _____

Street: _____

Town/City: _____

State: _____

Postal Code: _____

Emergency Contact Person (other than parents/guardians):

Full Name: _____

Relationship: _____

Mobile Number: _____

DECLARATION

I/We, the undersigned, certify that the information provided in this application is true and accurate to the best of my/our knowledge. I/We agree to abide by the school's rules and regulations.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Official Use Only:

Application Received Date: _____

Interview/Entrance Exam Date: _____

Admission Status: ☐ Offered ☐ Rejected

Admitted to Class: _____

Administered By: _____