| Frontmark College Registration Form                                   | Admission no: |
|---|---------------|
| Nurturing young leaders for all round excellence                      |               |
| 15, Savage Str.,Orile Iganmu, Lagos                                   |               |
| Email:frontmarkprivateschool@gmail.com                                |               |
| Tel: 08188877722, 08055278349   |               |
| Please complete in BLOCK CAPITAL. Return to the admission department. |               |
|   |               |

A non-refundable fee is required for this form.

Section A: Student's Information

| Full Name:                           |           |           |              |              |         |            |
|--------------------------------------|-----------|-----------|--------------|--------------|---------|------------|
|                                      | Last name | e         | First name   | Othe         | er name |            |
| Date of birth:                       | Day       | month yea | Gender:      | Male         | Female  | Photograph |
| State of origin:                     |           |           | LGA:         |              |         |            |
| Nationality:                         |           |           | Religion:    |              |         |            |
| Previous school                      | attended: |           |              |              |         |            |
| Last class attend                    | led:      |           | Transfer cer | tificate no: |         |            |
| Favourite subjec                     | :t:       |           | Weak subje   | ct:          |         |            |
| Comments: (Not less than 20 words)   |           |           |              |              |         |            |
|                                      |           |           |              |              |         |            |
| Section B: Next of Kin's Information |           |           |              |              |         |            |
| Full Name:                           |           |           |              |              |         |            |
| Occupation:                          |           |           |              |              |         |            |
| Residential address:                 |           |           |              |              |         |            |
| PO Box/PMB address:                  |           |           |              |              |         |            |
| Email address:                       |           |           |              |              |         |            |
| Phone number:                        |           |           |              |              |         |            |

Signature with date:

| Section A: Health record                |            |            |                 |                     |
|---|------------|------------|-----------------|---------------------|
| Allergy: 🗌 water                        | smoke      | Ioud noise | 🗌 chemical      | 🗌 others 🔲 none     |
| Blood group:                            | <b>A</b>   | В          | AB              | □ o                 |
| Blood genotype:                         |            |            | SS              |                     |
| Rhesus:                                 |            |            |                 |                     |
| HIV status:                             | positive   | 🗌 negative | As at (Date): _ |                     |
| Medical illness:                        | 🗌 whoopi   | ng cough 🔲 | luberculosis    | 🗌 measles 🔲 scabies |
|   | 🗌 hepatiti | s 🗌        | others          |                     |
| Last medication administered with date: |            |            |                 |                     |
| Phone number of family doctor:          |            |            |                 |                     |

Please, attach the proof of all health information supplied.

If you observe that your child/ward is ill, please take him/her to the hospital or allow him/her to stay back at home for proper treatment.

| Section B: Club registration        |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|
| <u>Academic club:</u>               | Social club:   |  |  |  |  |
| Select any one from the list below: | Select any one from the list below:                          |  |  |  |  |
| ☐ Jets/science                      | Browny   |  |  |  |  |
| Press                               | Scout  |  |  |  |  |
| Fine Art                            | 🗌 Football   |  |  |  |  |
|                                     | Red cross  |  |  |  |  |
| 🗌 Dance & Drama                     | Girl guild   |  |  |  |  |
|                                     |  |  |  |  |  |
| I, he                               | ereby promise to perform all my responsibilities towards the |  |  |  |  |

academic work of my child timely and regularly. I will avoid every and any act against the progress of both my ward and the school. May God help me.

Parent's signature with date:

For official use only.

This is to attest that the information supplied in this form are as required by the school. The information will be used only for official purpose.

Authorised signature with date: