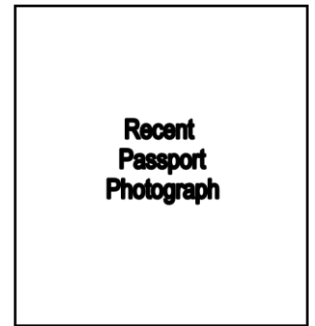


RGS/CD/.....



### ROOTS GARDEN SCHOOL

3B, Aderoju Adewuyi Street, Awuse Estate, Opebi, Ikeja. Lagos.

Tel: 09093774800, 08183724274.

E-mail: info@rootsgardenschool.com

## STUDENT ADMISSION FORM

Registration Details		
<i>I am enrolling my child into the ticked class at Roots Garden School.</i>		
<input type="checkbox"/> Infant (6wks-18 Months)	<input type="checkbox"/> Toddler (18 Months-3yrs)	<input type="checkbox"/> Children's House (3-6 yrs.)
<input type="checkbox"/> After School Program		
Full Name of child: _____		
Address _____ (Surname)		_____ (Other Names)
Nationality: _____	State of Origin: _____	Sex: _____
Local Govt. Area: _____	Date of Birth (DD/MM/YY) _____	

Parent's Details		
Father's Name:		
Occupation:		
Mobile No:		
E-mail Address:		
Signature:		
Mother's Name:		
Occupation:		
Mobile No:		
E-mail Address:		
Signature:		

How did you get to know about Roots Garden School?

- Advertisement  Friends  Flyers  Teachers  others Please specify \_\_\_\_\_

### Child's Health Details

1	Allergies ( <i>Please, State</i> )	
2	Learning Disabilities	
3	Physical Disabilities	
4	Vaccination Needed	
5	Common Ailment / Sickness	
Please attach your child's immunization card and birth certificate.		

### AUTHORISED PICK-UP PERSONNEL

1	Name:		Recent Passport
	Occupation		
	Address:		
	Contact Phone No(s):		
	Relationship		

2	Name:		Recent Passport
	Occupation		
	Address:		
	Contact Phone No(s):		
	Relationship		

**About Your Child**

Has your child ever been in child care before? \_\_\_\_\_ What type (centre, family day-care, grandma etc.) \_\_\_\_\_

How does your child feel about day-care and being left by his/her mommy/daddy?  
\_\_\_\_\_

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?  
\_\_\_\_\_

What is your normal method of discipline? \_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_

What is your child's favourite food? \_\_\_\_\_

What food(s) does your child dislike?  
\_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes? \_\_\_\_\_

What words does your child use for: Bowel movements \_\_\_\_\_ urination \_\_\_\_\_?

Are there any siblings? Please name them and specify ages and gender.

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Has your child had experience playing with other children? \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

What are your child's favourite activities, toys, books, or games? \_\_\_\_\_

Are there any other comments or information you would like to let us know about?

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

**UNDERTAKING:**

I..... hereby attest that all information provided on this form are true to the best of my knowledge and I hereby agree to abide by the rules and regulations of the school. I promise to comply with the policy of the school, its management and authorities and to support whenever necessary in the development and furtherance of my child's Education.

.....  
SIGNATURE

.....  
DATE

**DO NOT FILL (OFFICE USE ONLY)**

1	<b>Date Resumed:</b>	
2	<b>Starting Class:</b>	
3	<b>Admission No:</b>	
4	<b>Notes:</b>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
5	<b>Admission Officer:</b>	



