



**MICHAEL AND CECILIA FOUNDATION
DEMONSTRATION SCHOOLS**

Ibru Village, Agbarha-Otor,
Ughelli North, Delta State

AFFIX A
PASSPORT
PHOTOGRAPH
HERE

APPLICATION FORM FOR NURSERY SCHOOL

Child's Details

First Name		Surname	
Gender		Date of birth	
Address			
Postal address			

Name of First parent/Guardian living at Home Address Above

Title		First name		Surname	
Relationship to child			Parental Responsibility?	Yes/No	
Home telephone number			Mobile Phone Number		
Email Address			Work Telephone Number		
Work Place			Home Language Spoken:		
Has your child attended any other Pre-Nursery or toddler class? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are all of your child's immunizations up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are there any medical details about your child of which the Pre-Nursery should be aware? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify below:					
Does your child take any regular medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:					
Place of Birth: <input type="text"/>					
Postal Address: <input type="text"/>					
City: <input type="text"/>		State of Origin: <input type="text"/>		Nationality: <input type="text"/>	

PARENT'S SIGNATURE

CO-ORDINATOR'S SIGNATURE

Motto: *quest for excellence in a changing world*