



YEWANDE MEMORIAL SCHOOL

16, James Robertson Road, Surulere, Lagos | 37, Oyekan Road Surulere, Lagos (Primary | Nursery | Pre-School)
+234-803-344-7878 | +234-903-000-1039 info@yewandememorial.com |
ymslimited@aol.com Yewande Memorial Schools Yewande.Memorial

REGISTRATION / ADMISSION FORM (New Intakes)

CHILD'S DATA *(with current passport photograph)*

Surname

First and Middle Name(s)

Date of Birth (DD/MM/YYYY)

Gender *(Male / Female)*

Residential Address

Name and Address of Previous School(s)

.....

.....

Period of Attendance at Previous School(s): From /To (DD/MM/YYYY)

.....

Reason(s) for leaving

Medical (Has the child been immunized / inoculated? Yes/No)

(Pls attach copies of medical certificates or evidence)

Medical information (mandatory vaccinations up to date; any medical history the School and Caregiver should be aware of, etc.)



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FATHER'S / ***GUARDIAN'S DATA *(with a current passport photograph)*

Full Name (Surname First)

Residential Address

Contact Number(s)

Cellphone Numbers for Notification

E-Mail Address

Identification (Government Issued) (Type, Number and Expiry Date) (copy in file; original to be sighted)

.....

Utility Bill (Type, Number and Expiry Date) (copy in file; original to be sighted)

.....

Occupation

Name, Address and Telephone Number of Employer / Business

.....

MOTHER'S / ***GUARDIAN'S DATA *(with a current passport photograph)*

Full Name (Surname First)

Residential Address

Contact Number(s)

Cellphone Numbers for Notification

E-Mail Address

Identification (Government Issued) (Type, Number and Expiry Date) (copy in file; original to be sighted)

.....

Utility Bill (Type, Number and Expiry Date) (copy in file; original to be sighted)

.....

Occupation

Name, Address and Telephone Number of Employer / Business

.....

*** *(where primary Caregiver is not the Parent)*



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EMERGENCY CONTACT DETAILS *(If different from above / with a current passport photograph)*

Emergency Contact Details

Full Name (Surname First)

Residential Address

Occupation

Work Address

Cellphone Number(s)

Other Number

Email Address

Documents required for Admission include

- ☐ Child's Birth Certificate
- ☐ Passport Photographs (child, parents and/or guardian(s), emergency contact(s))
- ☐ Medical Vaccination History (child)
- ☐ Utility Bill of all addresses provided
- ☐ Government Issued ID documents (parents, guardians, emergency contacts)
- ☐ Other documents as required by the School

OTHER INFORMATION

Please state any other relevant information you may wish to give

.....

DECLARATION

I, *(insert name of Parent / Guardian)*,

having understood the information requested above, hereby attest to the correctness of responses given and declare that I will abide by the terms and conditions in the School Handbook and other rules / guidelines / regulations that may be issued.

.....

SIGNATURE / DATE (DD/MM/YYYY)

OFFICE USE

REGISTRATION STATUS (Accepted; Deferred: Declined)

NAME OF AUTHORISED SCHOOL OFFICIAL

SIGNATURE / DATE (DD/MM/YYYY)