# RICHWOOD SCHOOL

**School motto; Enriching minds for tomorrow**
**EMAIL@ richwoodschool20@gmail.com**
**TEL: 0790384947**

## LEARNER'S ADMISSION FORM

**STUDENT'S INFORMATION**

Last Name _____ First Name _____Middle _____

Date of Birth _____ Sex _____

Nationality _____ Religion _____

Residence _____

Ward _____Street _____Plot No_____House No._____

Postal Address _____

Level/Grade Applied For _____ Previous School _____

**FATHER**

Name in Full _____

Occupation _____

Postal Address _____ Mobile _____

**MOTHER**

Name in Full _____

Occupation _____

Postal Address _____ Mobile _____

**Student Health Information**

Learner's Blood Group_____

**(State any disability, allergy or special need of the learner in case.)**

_____

_____

**Parent/Guardian Acknowledgement**

I hereby acknowledge that the information given above is true to my best knowledge and I shall abide by the school rules and regulations.

Parent's name _____ Signature _____ Date _____

**Administrator's Comment**

**(State any special agreement between the parent and the school)**

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Administrator's name _____ Sign _____ Date _____

**Director's Confirmation**

Director's Signature _____ Date _____

| **School Rubber stamp** |
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