

# AR- RAHMAN MONTESSORI SCHOOL

Motto; Read in the name of thy Lord

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## APPLICATAION FORM

### FORM A

#### PERSONAL INFORMATION

- 1 Name Of Pupil: \_\_\_\_\_  
First name middle name surname
- 2 Contact Address: \_\_\_\_\_
- 3 Sex \_\_\_\_\_ 4 Date Of Birth \_\_\_\_\_
- 5 Nationality \_\_\_\_\_ 6 State Of Origin \_\_\_\_\_
- 7 Local Govt, Area \_\_\_\_\_

#### PARENT / GUARDIAN:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: Office \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Applicant's Signature

Date

I \_\_\_\_\_ certify that all the information in these application forms are true and correct in respect of my child/ward and I promise to cooperate with the school authorities regarding all the rules and regulations and to fulfill all my obligations to the school as at when due.

Parent's/Guardian's Sign/Date

#### FOR OFFICIAL USE ONLY

Admitted

Not Admitted

1. Date admitted \_\_\_\_\_ 2. Admission number \_\_\_\_\_
2. Class admitted to \_\_\_\_\_

#### REQUIREMENT: (if completely submitted, tick appropriate box)

- Complete admitted form yes  no  passport photographs yes  no
  - photocopy of birth certificate Yes  No  medical certificate Yes  No
4. Director's remark \_\_\_\_\_