



SUNBIMOD SCHOOL

31, African Church St., College Rd.,
Jungle Bus Stop, Ifako-Ogba, Lagos
0802 852 1243, 0818 818 0961, 0806 657 8226

Health Information Form

1. Please tick below any of the following health information concerning your child which the school should be aware of:

a. Medical conditions:

Eye Nose bleeding Ear None

b. Health problems:

Asthma Sickle Cell Anemia None

c. Allergies

Food Fruit Plant None

d. Specific Learning difficulties

Dyslexia A.D.D None

Any other relevant health information and history.

2. Has your child been immunized against the following?

Meningitis Yes No Mumps Yes No

German measles Yes No Whooping Cough Yes No

Polio Yes No Small Pox Yes No

Tetanus Yes No Hepatitis Yes No

Tuberculosis Yes No Chicken Pox Yes No

Please attach prove of immunization.

3. The School may apply simple medication (e.g Paracetamol) on my sick child (if necessary) before my arrival Yes No

4. Child's Doctor (in an emergency)

Name: _____

Clinic/Address: _____

Telephone/Mobile: _____

Please note that for the safety of other children a sick child should be kept at home until he/she is well enough to come back to school.



SUNBIMOD SCHOOL

31, African Church St., College Rd.,
Jungle Bus Stop, Ifako-Ogba, Lagos
0802 852 1243, 0818 818 0961, 0806 657 8226

DECLARATION

We request that our child be registered as a prospective pupil and understand that the terms and conditions of the school will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the school.

First Signature: _____ Date: _____

Name in Full: _____

Relationship with Child: _____

Second Signature: _____ Date: _____

Name in Full: _____

Relationship with Child: _____

Please return duly completed Registration Form at least two weeks before resumption to:
The Admissions Office, Sunbimod Child Care Centre with the following:

1. A copy of the child's birth certificate
2. Two copies of the child's recent passport photograph

For Office use only

Admittance Date: _____ Registration No: _____

Class: _____ House placed: _____

Interview/Test: _____

Comment: _____

Signature: _____ Date: _____



SUNBIMOD SCHOOL

31, African Church St., College Rd.,

Jungle Bus Stop, Ifako-Ogba, Lagos

0802 852 1243, 0818 818 0961, 0806 657 8226

1 Surname

First Name
(please underline the name generally used)

Date of Birth : Place of Birth: Religion:

State of Origin: Nationality: Sex:

Proposed Date of Entry:

2 Father's Title and Full Name:

Father's Address:

Father's Occupation:

Home Telephone: Office Telephone:

Mobile: E-mail:

3 Mother's Title & Full Name:

Mother's Address (if different from above)

Mother's Occupation:

Home Telephone: Office Telephone:

Mobile: E-mail:

4 Names of Other Siblings Attending the School:

i ii iii

5 Please give names and telephone numbers of 2 other people to contact in an emergency

Name: Relationship to Pupil: Tel:

Name Relationship to Pupil: Tel:

6 Name and Address of Last school:

Name of Head: Date Attended:

7 Is he/she toilet trained? Yes No

7 Is he/she the first child of the family? Yes No

7 Please give information about any specific health requirements or other disabilities: