



THE MIL SCHOOLS

# THE MIL SCHOOLS

## NUNG ETTE, IBESIKPO-ASUTAN L.G.A. AKWA IBOM STATE

*We train today to become distinguished tomorrow*

### REGISTRATION FORM

<b>Foundation</b>	Creche	Pre-Nur sery	Nursery	<b>Primary</b>	1	2	3	<b>JSS</b>	1	2	3
<b>School</b>				<b>School</b>	4	5					

Registration Fee

Admission Form No

Passport Photo

#### 1. Child's Bio-data

First Name:	Second Name:	Last name:
Date of Birth:	Age	Gender: Male   Female
Place of Birth:	L. G. A:	Nationality:
1 <sup>st</sup> Language:	2 <sup>nd</sup> Language:	Others

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

#### 2. Parents (i) Father:

First Name:	Second Name:	Last Name:
Profession:	Designation:	Place of work:
Email Address:	1 <sup>st</sup> Mobile No:	2nd Mobile No:

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

**(II) Mother**

First Name:	Second Name:	Last Name:
Profession:	Designation:	Place of work:
Email Address:	1 <sup>st</sup> Mobile No:	2nd Mobile No:

Residential Address: \_\_\_\_\_

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**(III) Guardian (if Applicable)**

First Name:	Second Name:	Last Name:
Profession:	Designation:	Place of work:
Email Address:	1 <sup>st</sup> Mobile No:	2nd Mobile No:

Residential Address: \_\_\_\_\_

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**3. Emergency Contact (I)**

First Name:	Second Name:	Last Name:
Profession:	Designation:	Place of work:
Email Address:	1 <sup>st</sup> Mobile No:	2nd Mobile No:

Residential Address: \_\_\_\_\_

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**(II)**

First Name:	Second Name:	Last Name:
Profession:	Designation:	Place of work:
Email Address:	1 <sup>st</sup> Mobile No:	2nd Mobile No:

Residential Address: \_\_\_\_\_

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The MIL Schools for International & Gifted & Talented Learners

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**4. If Sibling attends TMS, please provide details:**

First Name:	Second Name:	Last Name:
Age:	Gender:	Class:

First Name:	Second Name:	Last Name:
Age:	Gender:	Class:

**Declaration:**

I declare that the information provided here by me is correct. Furthermore, I will inform the school early in writing, if there is/are any subsequent changes. I also agree to my prompt financial obligation to the school, concerning my child in addition to ensuring that my child is promptly picked-up from the school at the stipulated time set by the school. My child shall also abide by the rules and regulations of the school as presented to me, throughout his/her education with The MIL Schools.

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Parent/Guardian)**

**For Office use only:**

**Documents submitted (please tick):**

Health Card

Transfer Certificate

Birth Certificate

4 nos. of Passport size photograph

Previous School Report card

**Name of Pupil:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Head of Schools sign/stamp:** \_\_\_\_\_

**Date:** \_\_\_\_\_