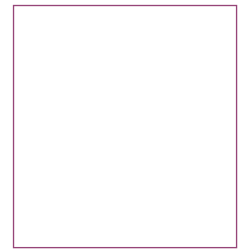




# CLEMMY HIGH SCHOOL

15/21 Akande Aina / Agbolade Street,  
Off Egbe - Isolo Road,  
Agodo-Egbe, Lagos.

## STUDENT'S REGISTRATION FORM



Surname:.....Other Names:.....

Date of Birth:.....Sex:.....Place of Birth:.....

Religion:.....Denomination:.....

Previous School:.....

Parents/Guardian's Name:.....Occupation:.....

Business Address:.....

Business Tel. No:.....Home Tel. No:.....

Residential Address:.....

This Child lives with (Please tick one)

Mother  Father  Both Parents  Guardian

Does your child have allergy?.....If yes, please specify.....

Regular Drug(s) used.....

Where would you want your child referred to in case of any Emergency

School's Clinic:  Your Own Clinic:

(Bill to be subsequently settled by Parents) (Please indicate the address)

I hereby accept the responsibility of paying in advance the school fees of .....  
and I promise to abide by school rules and regulations.

\_\_\_\_\_  
Parent's Guardian's Signature

\_\_\_\_\_  
Child's Signature

**FOR OFFICE USE ONLY**

Class Admitted to.....Date of Admission:.....Admission No.....

Any special request.....

\_\_\_\_\_  
Principal's Signature

Name:.....

Examination No:.....

Date of Examination:.....

Signature:.....Date:.....

