The Bersario Daycare, Nursery & Primary School

Plot 13, Block IV, PDCOS Estate, Akobo, Ibadan
G.P.O. Box 12203, Dugbe, Ibadan
Tel.: 08023247431, 08056183248

REGISTRATION FORM No:00__

CHILD'S NAME.....

DATE OF BIRTH:.....SEX:.....

IMMUNIZATION CARD NO.:.....

RELIGION:.....NATIONALITY:.....

Child's Passport Photo

FATHER'S NAME:.....OCCUPATION.....

ADDRESS:.....

.....TEL. NO:.....

MOTHER'S NAME:.....OCCUPATION.....

ADDRESS:.....

EMAIL ADDRESS.....TEL. NO:.....

AUTHORIZED PICK-UP PERSONS

Only three (3) persons OTHER THAN Parents/Guardians may be authorised. If a change is made by a parent, the parent is responsible to obtain the pick-up card from the person who is being changed.

NAME	RELATIONSHIP TO CHILD	ADDRESS	Tel:

EMERGENCY: In case of any emergency, I authorize the school to take my child to a health facility: YES or NO

DECLARATION: I,
Mr/Mrs/Miss.....of .....
..... agree to cooperate fully with the SCHOOL AUTHORITY IF MY CHILD is admitted
.
PARENT/GUARDIAN SIGNATURE:..... DATE:.....

FOR OFFICIAL USE ONLY

The Child is Admitted/Not Admitted (delete as applicate) Class:..... File No:.....

School Signature & Stamp:................................ Date:...........................