



# **BULWARK MONTESSORI SCHOOL**

*(Government Approved)*

## **ADMISSION FORM**

**NAME:** \_\_\_\_\_

**FORM NO:** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Affix pupil's passport  
photograph here*



**APPLICANT:**

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

State of Origin: \_\_\_\_\_ Local Government: \_\_\_\_\_ Nationality \_\_\_\_\_

**FATHER:**

Names: \_\_\_\_\_ Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**MOTHER:**

Names: \_\_\_\_\_ Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**GUARDIAN** (where applicant does not live with the parents):

Names: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship with Applicant: \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_



Applicant's Previous School: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

Period of Stay in the School: \_\_\_\_\_

Reason for leaving the school: \_\_\_\_\_

Class applied for: \_\_\_\_\_

Does applicant have any of these specific health conditions?

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> Sickle cell anaemia | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Epilepsy       |
| <input type="checkbox"/> Whooping cough      | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Any other           |                                   |   |

Genotype       AA       AS       SS

Has the applicant been immunised against the following?

- |                                       |                                     |                                  |
|---------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Yellow Fever | <input type="checkbox"/> Mumps      | <input type="checkbox"/> Cholera |
| <input type="checkbox"/> Measles      | <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Polio   |

How did you hear about Bulwark College?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Independent School's Directory | <input type="checkbox"/> Sibling                | <input type="checkbox"/> Local knowledge |
| <input type="checkbox"/> Friend/Relative                | <input type="checkbox"/> Press article/TV/Radio | <input type="checkbox"/> Advertisement   |
| <input type="checkbox"/> School                         | <input type="checkbox"/> Internet               | <input type="checkbox"/> Billboard       |
| <input type="checkbox"/> Posters/Flyers                 | <input type="checkbox"/> Staff                  | <input type="checkbox"/> Neighbour       |

Please remember to attach copies of the following compulsory documents on submission of application:

- Birth certificate
- Most recent passport photograph (2 copies)
- Most recent transcript from previous school
- Medical report (either from family Doctor or a certified clinic)



**Declaration:**

I/we declare that the information furnished by me/us is correct.

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Parent/Guardian

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship with child: \_\_\_\_\_ Relationship with Child: \_\_\_\_\_

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

We also give permission for photographs taken while at school to be used for school marketing purposes e.g. prospectus/brochure, website, etc.

On completion, please return this form to:

**The Admissions Officer  
BULWARK SCHOOLS  
Block 17A, Ivory Garden Estate, Makogi, Magboro, Ogun State  
Contact: 0705 331 7181, 0815 074 9819  
E-mail: bulwarkschools@gmail.com**

**FOR OFFICE USE ONLY:**

Receipt No: \_\_\_\_\_ Admission No: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Date of Payment: \_\_\_\_\_

Date form returned: \_\_\_\_\_ Processing Officer: \_\_\_\_\_