SCHOOL YEAR:	ENROLLMENT	APPLICATION	ANUSES MOO
	Pupil's	Details	PTRA CHION KINT
AFF	IX PASSPORT (Child)	AFFIX PASSPORT (Child)	

PLEASE READ CAREFULLY AND COMPLETE ALL FIELDS IN BLOCK LETTERS (Please write in the white blank spaces provided for each field)

I Child's Details	-			-		
Surname	First name	First name		Middle name		
Male Female	chi	ild's date of birth (p	blease use the form:	at Day/Month/Year		
	(please tick)	DD	MM	YY		
Nationality	State of origin	origin L.G.A Ethnic grou		hnic group		
Language spoken	Place of birt	h				
the second s	me address (full address	3)				
Street address : City :						
State :						
This must be the address Be considered to be the	s where your child normally address of the parent register	lives. If you have sh ring the child	ared custody, the pr	incipal address will.		
I I Details of previ	ous learning provision					
Full name of early/l	ast	learning provider				
Previous class attend	ded Present cla	ss intended	Previous r	result Grade		
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