

PLEASE AFFIX
PHOTOGRAPH

TREASURE HOMES INT'L SCHOOL

13, TREASURE HOMES STREET, PHASE II, FHA, LUGBE FCT, ABUJA.
TEL: 08033148950, 08073399045, 08100155043



APPLICATION FOR ADMISSION

NAME OF CHILD		
AGE	SEX: MALE ☐ FEMALE ☐	CHILD'S DATE OF BIRTH (d/m/y)
FIRST LANGUAGE	NATIONALITY	ALLERGY (if Any)
PREVIOUS SCHOOL(S) ATTENDED (with years)		DATE
FATHER'S NAME		MOTHER'S NAME
OCCUPATION		OCCUPATION
ADDRESS		ADDRESS
PHONE NO.		PHONE NO.
RELIGION		RELIGION

In the event of an emergency, Treasure Homes Int'l School should please contact:

NAME	NAME
ADDRESS	ADDRESS
HOME PHONE:	HOME PHONE :
HOME PHONE:	HOME PHONE :

DECLARATION

I solemnly declare that all information given above are correct and I hereby accept to abide by all rules and regulations (written and unwritten) of the school for the registration of my Child. The school is registered with a private hospital. Parent shall be responsible for any additional cost/outcome of treatment after the application of first aid in the school.

PARENT'S/GUARDIAN'S SIGNATURE/DATE

OFFICE ONLY

ENTRY DATE/DATE OF ADMISSION CLASS OF ADMISSION.....

ADMISSION NO.....

EXIT DATE REASON.....

RECEIVED WITH THANKS FROM THE SUM OF

.....: (IN WORDS) BEING ENTRANCE EXAM FEE.

Please submit along with this form (i) 2 passport (ii) copy of Birth Certificate (iii) copy of Last Result

The fear of the Lord is the key to this Treasure