



Todd2Teen Montessori School

CRECHE | PRE SCHOOL | NURSERY | BASIC 1 - 6

37 Sunmonu Street, Oke-ira Ogba – Ikeja Lagos

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ADMISSION FORM

CHILD'S
PASSPORT

CHILD'S FULL DATA

SURNAME: _____ FIRST NAME: _____

OTHER NAME: _____ SEX (MALE/FEMALE) _____

DATE OF BIRTH: _____ PLACE OF BIRTH _____

NATIONALITY: _____ STATE OF ORIGIN: _____

RELIGION: _____ CHILD MEDICAL HISTORY _____ GENOTYPE _____

PREVIOUS SCHOOL / CLASS (IF ANY) _____

SPONSOR: PARENT GUARDIAN (Pls. Tick ✓)

FULL NAME OF PARENT / GUARDIAN: _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

OCCUPATION _____ Phone No. _____

WhatsApp No. _____

SIGNATURE:

E-mail:

Parent/Guardian

Date: _____

FOR OFFICE USE ONLY

REGISTRATION =N= 2, 500 ONLY.

PAID YES NO

CLASS ADMITTED

ADMISSION NO.

DATE ADMITTED

STATE OF HEALTH

MANAGEMENT



019/T2TMS/102