

ARWA BASIC SCHOOLS

13, Constantine Street, Zone 4, Wuse. P.O.Box 17, Garki, Abuja.
Tel: 08156372914/08055415701. Website: www.arwaschools.com



ARWA/02

Passport
Photograph

NURSERY/PRIMARY REGISTRATION FORM

1. Name of Child: _____
 2. Date of Birth: _____ Sex: F M Religion: _____
 3. Nationality: _____ State of Origin _____
 4. Previous Class: _____
 5. Blood Group: _____ Genotype: _____
 6. Allergies / Ailments: _____

 7. Immunization completed?: Yes No If No, Indicate: _____

 8. Child's Special Interest: _____
 9. Special Information about Child: _____
 10. Names of Parents/Guardian: _____
 11. Father's Occupation: _____
 12. Mother's Occupation: _____
 13. Residential Address of Parents/Guardian: _____

 14. Mobile No (s): _____
Parents/Guardian's Signature: _____ Date: _____
- Principal's Signature: _____ Date: _____

NOTE: COMPLETED FORM TO BE SUBMITTED WITH THE FOLLOWING DOCUMENTS WITHIN TWO WEEKS:

1. Child's Birth Certificate (Photocopy)
2. Child's Immunization Record
3. Two Passport Photographs of Child
4. Transfer Certificate (If Applicable)
5. Latest result from previous school (If Applicable)