



# Learners' Castle School

...element of a true vision

9, Bomodeoku Str., Off Oduyabo Str., Odogunyan, Ikorodu, Lagos.

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## ENROLMENT FORM

### PART A

#### APPLICANT'S PERSONAL DATA

Name: \_\_\_\_\_  
Surname First name Middle name

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

Gender: Male  Female

State of Origin: \_\_\_\_\_

Local Government Area: \_\_\_\_\_

Religion: \_\_\_\_\_

Class in Previous School: \_\_\_\_\_

Class applying for: \_\_\_\_\_

#### MEDICAL DATA

Genotype: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Peculiar illness: \_\_\_\_\_

Allergies (Food, Drug etc.): \_\_\_\_\_

### PART B

#### PARENTS' DATA

Single Parent: Yes  No

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Father's Office Address: \_\_\_\_\_

Father's Residential Address: \_\_\_\_\_

Father's Contact Lines: \_\_\_\_\_  
Office Home Mobile

e-mail Address: \_\_\_\_\_