



THEOYOM SCHOOLS (PREP, NUR & PRY.)

(MONTESSORI)

3,AYINDE STREET,OFF CHURCH
STREET, FAGBILE ESTATE, UEGUN-
IKOTUN,LAGOS

[E-mail:theoyomschools@gmail.com](mailto:theoyomschools@gmail.com), Tel:08033376833

Passport
Photograph

SCHOOL POLICY/ADMISSION FORM

SURNAME:..... OTHER NAMES:.....(IN BLOCK LETTERS)

DATE OF BIRTH:.....(Please attach a Copy of Birth Certificate) SEX:.....

STATE OF ORIGIN:.....LOCALGOVT:.....TOWN:.....

FATHER'S NAME:..... TEL:.....

HOME ADDRESS:.....OCCUPATION:.....

E-MAIL ADDRESS:

MOTHER'S NAME:..... TEL:

OCCUPATION:..... E-MAIL ADDRESS:

SPONSOR'SNAME: TEL:

HOME ADDRESS: OCCUPATION:

E-MAIL ADDRESS:.....

RECORD OF SCHOOLS ATTENDED WITH DATES (if any)

I.

II.

- All school fees **MUST** be paid on or before resumption (latest two weeks after resumption) after which defaulters will be sent back home.
- All pupils **MUST** be in school latest by 7.45am and must be dressed in the right school uniform, kindly note that only the School cardigan is allowed if otherwise it will be seized.
- School closes by 2pm daily (Mondays to Thursdays) and Fridays by 1pm after which all pupils are expected to vacate the school compound except those that are participating in School lesson who will close by 3pm.
- All pupils **MUST** come to school daily with their lunch box and Natural fruits must be included on Tuesdays and Thursdays.

- Sick pupils / children must stay back at home.
- Pupils are not permitted to come to school with any cash.
- Punk haircut or jerry coil is not allowed in school, finger nails must be cut while hair-do and hair cut must be neat and teeth properly brushed.
- Parents must ensure that home-works are properly done and checked daily.
- All textbooks MUST be purchased in school office latest by SECOND week of resumption.
- Parents are not allowed to insult or assault any class teacher if done redress will be sort by the school.
- The completed form must be returned with a copy of the child birth certificate and 2passport photographs within 2weeks of resumption.
- Crèche class must provide dippers, wiper, powder, plates, spoons, food and water flask with extra clothes.

UNDERTAKING: I hereby certify that the information provided above is true and correct and also agree to comply with all conditions stipulated by the school.

.....
Name & Signature of Parent/Sponsor

.....
Date

OFFICIAL:

Head Teacher's Comment:

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Head Teacher's name

.....
Proprietor's Signature

.....
Date



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MEDICAL HISTORY FORM

Pupil's Name:..... Age:.....Birth Date:

Address: Phone Number:

Name and address of Individual providing health history:

HISTORY:

Were there any issues during pregnancy, labour and/or delivery of this child? Yes ☐ No ☐

If yes, please describe.

Does this child have an ongoing health concern? (Asthma, Autism etc.) Yes ☐ No ☐

If yes, please describe:

Does this child have any allergies? Yes ☐ No ☐
If yes, please list:

Has the allergy required emergency treatment? Yes ☐ No ☐
If yes, please explain:

Are the child's immunizations up to date? Yes ☐ No ☐

Is there any history of any hospitalizations, significant injuries or surgery? If yes, please describe: Yes ☐ No ☐

Are there any current medical concerns/injuries? Yes ☐ No ☐

Head ☐ Eyes ☐ Nose ☐
Ears ☐ Throat ☐ Neck ☐
Chest ☐ Respiratory ☐ Gastrointestinal ☐
Genitourinary ☐ Neurological ☐

Musculoskeletal (include any past fractures, etc.) ☐

Does this child take any medication regularly at home? Yes ☐ No ☐

Require medication at school? Yes ☐ No ☐
If yes, please describe:

Please list any additional concerns or information:

List any significant medical concerns in the family:

Mother ☐ **Father** ☐ **Siblings** ☐ **Grandparents** ☐ **Other** ☐

Who lives with the child in his/her primary household?

Does child spend a significant amount of time in another household?

If yes, please describe.

Yes ☐ **No** ☐

Any additional concerns or pertinent information:

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I/We..... hereby certify that the information provided above is true and correct, we also agree that in situation of emergencies, the school has the right to administer FIRST AID treatment.

Signature:

Date:.....