



# BLOOMING OAKS INTERNATIONAL SCHOOL

❖ CRECHE ❖ PRE-SCHOOL ❖ PRIMARY

📍 PLOT 2 ADENIRAN LAYOUT, IDI APE OFF BASHORUN ROAD IBADAN

📞 08025050776, 08073261432

Website @ [www.bloomingoaksschool.com](http://www.bloomingoaksschool.com)

Info@[bloomingoaksschool.com](mailto:bloomingoaksschool.com)

Afix a recent  
passport of  
the child

## ADMISSION FORM

Surname:

Other Names:

Date of Birth:

Nationality:

Sex of Pupils:

Male:

Female:

Name of Father or Guardian:

Father's or Guardian's Occupation:

Father's or Guardian's Contact Address:

Father's or Guardian's Tel No. Office:

Residence:

Name of Mother or Guardian:

Mother's or Guardian's Contact Address:

Mother's or Guardian's Tel No. Office:

Residence:

Position of Child in the Family (Please Specify):

### LANGUAGE(S) SPOKEN AT HOME

English Language ☐

Any other foreign Language specify:

Nigerian Language(s)

Igbo ☐

Yoruba ☐

Hausa ☐

Other specify

### DISABILITY

Speech: Slow ☐

Normal ☐

Fast ☐

None ☐

Sight: Clear Vision ☐

Need aid ☐

Specify

Physical Handicap ☐

### IMMUNIZATION AND DATES

1. B.C.G. at Birth ☐

2. D.P.T

1st dose at 6 weeks ☐

3. Oral Polio 1st dose at Birth ☐

2nd dose at 10 weeks ☐

2nd dose at 6 weeks ☐

3rd dose at 14 weeks ☐

3rd dose at 10 weeks ☐

4th dose at 14 weeks ☐

4. Measles Vaccines at 9mths ☐

5. Hepatitis B at 10mths ☐

6. Yellow Fever Vaccines at 1 yr ☐

Family Doctor (if any) Name:

Address:

Tel No:

Class of Admission

Date/Class at withdrawal

Transfer Certificate No

Testimonial No/Date

Parent's Signature

Date

OFFICIAL USE ONLY

Class of Child

Schools First Assessment of the Child

Date: