



# AL-WAQT MONTESSORI SCHOOL

## DAY AND BOARDING

7, Adeoye Street, Alhaja Mosunmola Bus Stop, Igbo - Olomu , Agric, Ikorodu, Lagos State.  
Tel: 08055314523, 08181036606, 08093932211 E-mail: [alwaqtschool@gmail.com](mailto:alwaqtschool@gmail.com)

### APPLICATION FORM

Name of pupil: \_\_\_\_\_  
Surname First Name Middle Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex : \_\_\_\_\_

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

Local Govt. Area : \_\_\_\_\_

Nationality: \_\_\_\_\_

Name of School Attended (primary): \_\_\_\_\_

### PARENT/GUARDIAN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Occupation : \_\_\_\_\_

Office Address: \_\_\_\_\_

Do you want Hostel Accommodation for your child: Yes :  No:

E-mail: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

### DECLARATION :

I \_\_\_\_\_ certify that all the information in this application form is true and correct in respect of my child/ward and I promise to cooperate with the school authority regarding all the rules and regulations and to fulfill all my obligations to the school as at when due.

### FOR OFFICIAL USE ONLY

Date admitted  Result of last class passed

Class admitted to :

REQUIREMENTS : ( if completely submitted , tick appropriate box)

Complete Application form : Yes  No

Photocopy of Birth Certificate: Yes  No

Passport Photograph :

Yes

No