

SILVER MAPLE SCHOOL

Aleniboro community, Warrah road, adjacent Ilorin West local government
secretariat, Ilorin

09016730903, 09016145353, info@silvermapleschoolilorin.com



Please Affix
Photograph

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY

| | |
|-------------|--|
| Entry Date | |
| Entry Class | |
| EXIT Class | |

APPLICATION NUMBER

ZS4-6588

[\[Print\]](#)

Please fill the details below

| | | |
|--|--------------------------------|--------------------------------------|
| NAME OF CHILD : | | |
| AGE : | SEX : | CHILD'S DATE OF BIRTH (dd/mm/yyyy) : |
| FIRST LANGUAGE: | | NATIONALITY: |
| PREVIOUS SCHOOL(S) ATTENDED (with years) | | |
| | | |
| | | |
| MOTHER'S NAME (first/last) : | | |
| FATHER'S NAME (first/last) : | | |
| HOME ADDRESS (first/last) : | | |
| | | |
| HOME PHONE 1 | HOME PHONE 2 | PARENT'S RELIGION |
| FATHER'S PLACE OF EMPLOYMENT : | MOTHER'S PLACE OF EMPLOYMENT : | |
| | | |
| OFFICE PHONE : | OFFICE PHONE : | |
| E-mail Address : | E-mail Address : | |

In the event of an emergency, Silver Maple School will like to contact

#1

| |
|-------------|
| NAME : |
| ADDRESS : |
| |
| TELEPHONE : |
| EMAIL : |

#2

| |
|-------------|
| NAME : |
| ADDRESS : |
| |
| TELEPHONE : |
| E-MAIL : |



DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it

PARENT'S / GUARDIAN'S SIGN & DATE

ZS4-6588

