



PENARK SCHOOLS

9/11, Edun Street, Ladipo/Shogunle,
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REGISTRATION FORM



Official

Reg. No: _____ Date: _____ Timing: _____ to _____

BUS: Yes ☐ No ☐ (Area.....) Admitting Class: _____ Starting Date: _____

Rating after testing (✓) NONE ☐ POOR ☐ WEAK ☐ AVERAGE ☐ GOOD ☐ EXCELLENT ☐

Child's Profile

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Sex: M ☐ F ☐ Height: _____ Weight: _____

Last School attended: _____ Last Class: _____

Parent's Information

Father's Name: _____ Mother's Name: _____

Nationality: _____ State of Origin: _____

Father's Profession: _____ Religion: _____

Address: _____

Email: _____

Parent Contact

Father's Tel 1: _____ Father's Tel 2: _____

Mother's Tel 1: _____ WhatsApp No: _____

Health

Describe if child is allergic to anything _____

Is there anything you will like us to know about the student _____

Parent Signature..... Date.....

(I accept terms & condition)

Attach two (2) passport photograph of the Child/Student.

Photocopy of birth certificate

Last result obtained (if any).

Emergency Contact:

* For notification in the event of an emergency.

* Preferable different from Child parent numbers.

Name: _____

Relationship: _____

Contact: _____

