



# THE GLORY OF GOD SCHOOL

16 America Alumni Street – Prefab, Owerri, Imo State 0814.936.8602

PASSPORT  
SIZE  
PHOTOGRAPH

## PUPIL ENROLLMENT APPLICATION FORM

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

Student's surname: \_\_\_\_\_ First name: \_\_\_\_\_

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

Male/Female: \_\_\_\_\_ Nickname: \_\_\_\_\_

Special interests: \_\_\_\_\_

Term: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Last School Attended: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Last Grade Level: \_\_\_\_\_

Referred by: \_\_\_\_\_

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### PARENT/GUARDIAN INFORMATION

Father's name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Father's occupation: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Business address \_\_\_\_\_ Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

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### EMERGENCY CONTACT(S)

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSON(S) AUTHORIZED TO PICK UP CHILD/CHILDREN IF NEITHER OF THE PARENTS IS AVAILABLE**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

I understand that no one under the age of thirteen (13) is permitted to pick up my child/children and GGS is not responsible for any child once he/she is released from the GGS site. This does not include children that receive the GGS transportation.

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**MEDICAL INFORMATION**

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child's doctor: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

**Immunization records: (Copies should be attached to this application)**

In the event of a medical emergency:

- I authorize GGS, Owerri to seek emergency care for my child as deemed necessary by the director/staff.
- I do not authorize GGS, Owerri to seek emergency care for my child as deemed necessary by the director/staff.

Parent's signature: \_\_\_\_\_

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

*I agree to **GGS** policies and procedures and grant permission to request student transcripts and records.*

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**FOR CENTER USE ONLY**

Date of enrollment: \_\_\_\_\_

Registration number: \_\_\_\_\_

Date of withdrawal: \_\_\_\_\_