



# Salam Group of Schools

Address: No 1, Ilupeju Estate, Aba Afa/Gbagi Off Olorunda-Abaa Road, AkoboOjuirin Ibadan  
P.O.Box 28617 Agodi Post Office Ibadan, Oyo State, Nigeria.

## STUDENT'S PERSONAL INFORMATION

**KINDERGARTEN ( ) NURSERY ( ) PRIMARY ( ) COLLEGE ( )**

**Surname:                      First name:                      Middle name:**

Date of Birth:                      Place of Birth:

Religion:

**State of Origin:                      L.G.A                      Home town:**

**Father's Name:**

Father's address:

Phone number:                      Email address:

**Mother's name:**

Mother's address (if different from father's address):

Phone number:                      Email address:

**Name and address of local guardian (if different from parents' address):**

School (s) last attended (if any):

### IN CASE OF EMERGENCY:

What physician do you wish to render medical examination to your child?

If your Doctor is not available, may your child be given medical treatment by any competent Doctor in the school registered clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMERGENCY CONTACT NUMBER IF DIFFERENT FROM PARENTS' OR GUARDIAN'S NUMBERS:

Please list the names of individuals authorized to pick your child:

Name                      Relationship

Name                      Relationship

Name                      Relationship

Passport

Photograph