

CRECHE

NURSERY

PRIMARY

Address: Opposite Sabbath Church, Justina Eze Street, Nsukka Enugu State.

Customer Care: 08038420398 | e-Mail:info@ocoacademy.com | Website: ocoacademy.com

PUPIL BIO DATA FORM First Name: **Surname: PASSPORT Other Names:** D.O.B Gender М Place of Birth: L.G.A: **Nationality:** State of Origin: **Residential Address: Permanent Address:** Religion: (Category if applicable) Health H.I.V Status: **Blood Group: Genotype:** Other Sight complications: **Convulsion: Epilepsy:** Blind: **Disability:**(Special Needs) Hobby(ies): **Special Remarks**



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PARENT BIO DATA FORM

Father's Name:	
Mother's Name:	
State of Origin: Nationality:	
L.G.A:	
Residential Address:	
Permanent Address:	
Occupation: (Father)	
Office Address:	
Occupation: (Mother)	
Office Address:	
Religion: (Category if applicable)	
Father's Call Line: (Alternative Contact if Available) Mother's Call Line: (Alternative Contact if Available)	
e-Mail: (Any or both Parents)	
Health Related:	
Blood Group: Genotype: H.I.V Status:	
Convulsion: Epilepsy: Blind: Other Sight complications:	
Disability:(Special Needs)	
Hobby(ies):	



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GUARDIAN BIO DATA FORM

Surname			First Name		Other Names	
D.O.B				Gender	M F	
State of Origin	n:		Nati	onality:		
L.G.A:						
Residential Ad	ldress:					
Permanent Ad	ldress:					
Occupation:						
Office Address	5:					
Religion: (Category in	f applicable)					
Religion: (Category ii	f applicable)		Alt. Pho	one No.:		
	f applicable)		Alt. Pho	one No.:		
Phone No.:	f applicable)		Alt. Pho	one No.:		
Phone No.: e-Mail:	f applicable)	Genotype:		one No.: H.I.V Status:		
Phone No.: e-Mail: Health Related:		Genotype:				



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PROOF OF RESIDENCE Full Name: Surname First Name Other Names D.O.B Gender M Occupation: **Residence Validation Document presented:** I hereby certify that the address provided by me on the Parent / Guardian Data Forms are correct and corresponding to the ones attached in the Document submitted thereof. I promise to update the management of the School if a change of residence occurs. Signature: Date:



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PROOF OF RESIDENCE

Full Name:				
	Surname	First Name	Other Names	
D.O.B			Gender	M 🗌 F 🗌
Occupation:				
Residence V	alidation Docume	ent presented:		
I hereby certify that the address provided by me on the Parent / Guardian Data Forms are correct and corresponding to the ones attached in the Documen submitted thereof. I promise to update the management of the School if a change of residence occurs.				
Signature:		Date:		



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PUPIL'S PROOF OF AGE Full Name: Surname Surname First Name Other Names D.O.B Residence Validation Document presented: I hereby certify that the age provided by me on the Pupil's Data Form is correct and corresponds to the ones attached in the Document submitted thereof. Any future correspondence of forgery may not be traced to your good Institution. Signature: Date:



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PUPIL'S PROOF OF AGE

D.O.B			Gender	M F
Residence \	/alidation Documer	nt presented:		
is correct ar	rtify that the age d corresponds to th future corresponde	ne ones attached	in the Docum	nent submitted



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LIST OF REQUIREMENTS	<u> </u>
Passport Photograph	,