



# OCO ACADEMY

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:

Other Names:

D.O.B

Gender

M

F

PASSPORT

Place of Birth:

L.G.A:

State of Origin:

Nationality:

Residential Address:

Permanent Address:

Religion: (Category if applicable)

*Health*

Blood Group:

Genotype:

H.I.V Status:

Convulsion:

Epilepsy:

Blind:

Other Sight complications:

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:

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Other Sight complications:

Disability: (Special Needs)

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## GUARDIAN BIO DATA FORM

Full Name:

*Surname*

*First Name*

*Other Names*

D.O.B

Gender

M

F

State of Origin:

Nationality:

L.G.A:

Residential Address:

Permanent Address:

Occupation:

Office Address:

Religion: *(Category if applicable)*

Phone No.:

Alt. Phone No.:

e-Mail:

*Health Related:*

Blood Group:

Genotype:

H.I.V Status:

Convulsion:

Epilepsy:

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Other Sight complications:

Disability: *(Special Needs)*

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## PROOF OF RESIDENCE

Full Name:

*Surname*

*First Name*

*Other Names*

D.O.B

Gender

M

F

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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Gender

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## PUPIL'S PROOF OF AGE

Full Name:

Surname

First Name

Other Names

D.O.B

Gender

M

F

Residence Validation Document presented:

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Signature:

Date:



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## LIST OF REQUIREMENTS

**Passport Photograph**