LUMEN CHRISTI INTERNATIONAL HIGH SCHOOL

P. O. BOX 298

UROMI, EDO STATE

NIGERIA.

REGISTRATION FORM

SECTION A (TO BE FILLED IN BY PARENT)

Attach 2 passports

SURNAME:…….

MIDDLE NAME……………………………………………………………………………………… ……………………………………………….

FIRST NAME…….

DATE OF BIRTH……….

NAME OF PARENT OR GUARDIAN…………………………………………………………………………………………………….

ADDRESS OF PARENT OR GUARDIAN…………………………………………………………………………………………….

LOCAL GOVT. AREA:………………………………………………STATE……………………………………………………………….

RELIGION……

PREVIOUS SCHOOL……….

CLASS PASSED AT PREVIOUS SCHOOL………………………………………………………………………………………….

CONTACT

ADDRESS…….

E – MAIL ADDRESS……

PHONE NUMBER………

SIGNATURE…………………………………….DATE……………………………………………………………………………………………

SECTION B: HOME BACKGROUND INFORMATION

NAME OF **FATHER**………………………………………………………………….AGE…………………………………………………….

PLACE OF BIRTH…….

STATE OF ORIGIN…………………….............L.G.A………………………………………………………………………………………..

HOME TOWN…………………………………………….RELIGION…………………………...

HIGHEST QUALIFICATION……….

PROFESSION……….

STATUS AND RANK……………………………………………………………………..

PLACE OF WORK………..

DEPARTMENT/OFFICE………

PERMANENT HOME ADDRESS………………………………………………………………...

……

PHONE NUMBER……

MOTHER'S

NAME…………………………………………………………..AGE…………………………………………………………………………

PLACE OF BIRTH…….

STATE OF ORIGIN…………………………….L.G.A…………………………………………………………………………………………..

HOME TOWN…………………………………………..RELIGION……………………………………………………………………

HIGHEST QUALIFICATION……..

STATUS AND RANK…………………………………………………………………………..

PLACE OF WORK………..

DEPARTMENT/OFFICE………

PROFESSION……

HOME ADDRESS……

PHONE NUMBER……………………………………………………………………………………………

WHO IS RESPONSIBLE FOR THE CHILD'S SCHOOL FEES?

IS THERE A GUARDIAN WHO CAN BE CALLED IN THE EVENT OF AN EMERGENCY?

NAME……

ADDRESS…….

PHONE…………………………………..................................SIGNED……………………………

(PARENT/GUARDIAN)

1. SCHOOL LEAVING CERTIFICATE/TRANSFER CERTIFICATE
2. BIRTH CERTIFICATE
3. MEDICAL REPORT
4. 2 PASSPORTS PHOTOGRAPH

LUMEN CHRISTI INTERNATIONAL HIGH SCHOOL, UROMI.

REQUEST FOR ASTHMA INFORMATION

STUDENT'S NAME ………………………………………………………………………………

DATE OF BIRTH ………………………………………………………………………………

HOW LONG HAS YOUR CHILD HAD ASTHMA?...

DESCRIBE THE LAST ATTACK (WHAT HAPPENED, HOW LONG IT LASTED, HOW IT WAS

TREATED)……………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

HOW OFTEN DOES YOUR CHILD HAVE AN ATTACK REQUIRED AN EMERGENCY VISIT TO THE DOCTOR OR HOSPITAL? ( ) WEEKLY ( ) MONTHLY ( ) YEARLY

WHAT USUALLY TRIGGERS YOUR CHILD'S ASTHMA? (CHECK ALL THAT APPLY)

( ) ILLNESS ( ) EXERCISE ( ) EMOTIONS ( ) FOODS
( ) SMOKE/ODOURS ( ) WEATHER ( ) MEDICATIONS ( ) ALLERGENS

DO YOU USE PEAK FLOW METER AT HOME? YES ( ) NO ( ) BEST VOLUME

RESULTS…………………………………

LIST ALL ASTHMA MEDICATIONS TAKEN. INCLUDE AS NEEDED INHALERS AND

STEROIDS …………………………………………………………………………………………

………………………………………………………………………………………………………

OTHER MEDICATIONS TAKEN: ……………………………………………………………………

………………………………………………………………………………………………………

WHAT IS THE SEVERITY OF YOUR CHILD'S ASTHMA? ( ) MILD INTERMITTENT

( ) MILD PERSISTENT ( ) MODERATE PERSISTENT ( ) SEVERE PERSISTENT.

DO YOU HAVE AN ASTHMA MANAGEMENT PLAN? ( ) NO ( ) YES

IF YES PLEASE ATTACH A COPY.

IF YOU WOULD LIKE TO PROVIDE OTHER INFORMATION, PLEASE WRITE ON THE REVERSE SIDE OF THIS FORM. THANK YOU FOR THIS VALUABLE INFORMATION.

……………………..   ……………………. ………………….

PARENTS NAME   SIGNATURE   DATE