



**ADDRESS: 4, Sirakoro Street off Blantyre, Wuse 2, Abuja. Tel: 08107264436,  
08033144138.**

**MIDDLE SCHOOL REGISTRATION FORM**

Date of Registration.....

Name of Child.....

Age..... Sex..... Date of Birth.....

Previous School if any.....

Home Address.....

Name of Mother.....

Phone Number.....

Occupation.....

Place of Work.....

Name of Father.....

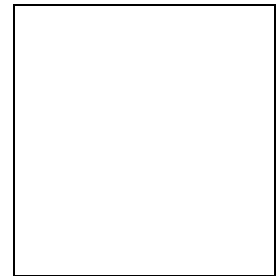
Phone Number.....

Occupation.....

Place of Work.....

**Please attach to this form your child's previous class result.**

**ALL FEES ARE NON – REFUNDABLE**





**ADDRESS: 4, Sirakoro Street off Blantyre, Wuse 2, Abuja. Tel: 08107264436,  
08033144138.**

**KAZICH SCHOOL REGISTRATION FORM**

Date of Registration.....

Name of Child.....

Age..... Sex..... Date of Birth.....

Previous School if any.....

Home Address.....

Name of Mother.....

Phone Number.....

Occupation.....

Place of Work.....

Name of Father.....

Phone Number.....

Occupation.....

Place of Work.....

**Please attach to this form your child's previous class result.**

**ALL FEES ARE NON - REFUNDABLE**

