LEARNER PROFILE REGISTARTION FORM

BIO DATA

PASSPORT PHOTO

(Attach Here)

SURNAME

FIRST NAME

OTHER NAMES

GENDER - MALE/FEMALE

DATE OF BIRTH - DD/MM/YYYY

NIN - OPTIONAL

NATIONALITY

STATE OF ORIGIN

LOCAL GOVERNMENT AREA - LGA

HOME ADDRESS

SCHOOL INFORMATION

Input the session and term of admission

ACADEMIC SESSION - 2026/2027

TERM - 1ST / 2ND / 3RD

CLASS

CATEGORY - DAY/BOARDING

MEDICAL PROFILE

SPECIAL EDUCATION NEEDS? - YES/NO

BLOOD GROUP (A+ A- B+ B- AB+ AB- O+ O-)

BLOOD TYPE (AA AS AC SS SC CC

HEIGHT - CM

WEIGHT - Kg

MEDICAL CONDITION - YES/NO

If you answered YES, please state the medical condition(s) and attach any relevant medical documentation for record-keeping.

ALLERGIES

RESPIRATORY CONDITIONS

HEART CONDITIONS

VISION CONDITIONS

SKIN CONDITIONS

GASTROINTESTINAL CONDITIONS

MENTAL & BEHAVIOURAL

OTHER CONDITIONS

HOSPITAL NAME

NAME OF FAMILY DOCTOR

PHONE NUMBER

HOSPITAL ADDRESS

EMERGENCY CONTACT

FULL NAME

PHONE NUMBER

RELATIONSHIP

GUARDIAN INFORMATION - FATHER'S PROFILE

PASSPORT PHOTO

(Attach Here)

SURNAME

FIRST NAME

OTHER NAMES

PHONE NUMBER

EMAIL ADDRESS

OCCUPATION

HOME ADDRESS

GUARDIAN INFORMATION - MOTHER'S PROFILE

PASSPORT PHOTO

(Attach Here)

SURNAME

FIRST NAME

OTHER NAMES

PHONE NUMBER

EMAIL ADDRESS

OCCUPATION

HOME ADDRESS

GUARDIAN'S PROFILE - If any

RELATIONSHIP

PASSPORT PHOTO

(Attach Here)

SURNAME

FIRST NAME

OTHER NAMES

PHONE NUMBER

EMAIL ADDRESS

OCCUPATION

HOME ADDRESS