



DAVEBROOK SCHOOLS & COLLEGE

Makogi, Ogun State

REGISTRATION & FEE PAYMENT FORM: ACADEMIC SESSION: 20 / 20

Dear Parent/Guardian,

Welcome to Davebrook Schools & College. This form is designed to register multiple children from the same family. Please complete the Parent Information section once, followed by the individual information for each child you are registering.

SECTION A: PARENT / GUARDIAN INFORMATION

Guardian 1 (Father/Guardian):

- **Full Name:**

- **Phone Number (Telegram Enabled):**

- **Email Address:**

SECTION B: STUDENT INFORMATION

STUDENT 1

- Full Name:

(Surname First Middle)
- **Date of Birth:** _____ / _____ / _____
- **Sex:** [] Male [] Female
- **Class Admitted Into:** _____
- Learner's Identification Number (LIN): _____

SECTION C: SUMMARY OF FEES & PAYMENT

Total fees payable based Total Mandatory:

Total fees & indicate New Intake items:

Guardian 2 (Mother/Guardian):

- **Full Name:**

- **Phone Number (Telegram Enabled):**

- **Email Address:**

Family Residential Address:

STUDENT 2

- Full Name:

(Surname) (First) (Middle Name)
- Date of Birth: _____ / _____ /
Sex: [] Male [] Female
- Class Admitted Into: _____
- Learner's Identification Number (LIN): _____

Total fees payable & Indicate Optional Items:

Payment Information

Please make all payments to either of the official school accounts below. Use your children's full names as the payment reference/narration.



DAVEBROOK SCHOOLS & COLLEGE

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1. **Bank Name:** First City Monument Bank (FCMB)
 - o **Account Number:** 4742352011

2. **Bank Name:** Sterling Bank PLC
 - o **Account Number:** 004258886

After payment, please provide the details below and attach a copy of the payment evidence to this form.

Transaction ID / Reference: _____

Date of Payment: _____

SECTION D: DECLARATION

I, _____, hereby declare that the information provided in this form is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of Davebrook Schools & College.

Parent/Guardian's Signature: _____

Date: _____

For Office Use Only

Total Fee Verified: ₦ _____ Payment Confirmed: [] Yes [] No Receipt No: _____

LIN(s) Verified: [] Yes [] No [] N/A

Admitted By: _____ Signature: _____