ACCESS INTERNATIONAL SCHOOLS LTD

Beside Mountain of Fire and Miracle (Prayer City), Magboro-Akeran, Lagos-Ibadan Expressway, Ogun state P.O. Box 13582, Ikeja, Lagos
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E-mail: office@access-schools.com; **website:** www.access-schools.com.

Admission form

Affix passport here

1 Student Details

NAME _____
Surname First names (please write frequently called name first)

DATE OF BIRTH _____ **AGE** _____ **PLACE OF BIRTH** _____

NATIONALITY _____ **STATE OF ORIGIN** _____ **GENDER** _____

LANGUAGE(S) _____ **RELIGION OR BELIEF** _____

PROPOSED YEAR GROUP OR YEAR OF ENTRY (CLASS OF ENTRY) _____

PRESENT SCHOOL NAME AND ADDRESS _____

_____

CURRENT CLASS _____

2 Additional Student Details

Please give an outline of your child's artistic, dramatic, musical and sporting skills on percentage basis.

ARTISTIC SKILL	DRAMATIC SKILL	MUSICAL SKILL	SPORTING SKILL

STUDENT PREFERENCES _____ **STUDENT DISLIKES** _____

3 Contact Details

FULL NAME OF FATHER _____

FULL RESIDENTIAL ADDRESS _____

_____

OCCUPATION _____ **NATIONALITY** _____

COUNTRY OF RESIDENCE _____

TELEPHONE _____ _____
Home Telephone With Country Code Work Telephone With Country Code

_____ _____
Moblie Telephone With Country Code E-MAIL ADDRESS

FULL NAME OF MOTHER _____

FULL RESIDENTIAL ADDRESS _____

_____

OCCUPATION _____ **NATIONALITY** _____

COUNTRY OF RESIDENCE

TELEPHONE

Home Telephone With Country Code

Work Telephone With Country Code

Moblie Telephone With Country Code

E-MAIL ADDRESS

4 Medical History

Does your ward have any of the following health conditions?

If Yes, write the health condition and give history below.

_____

_____

_____

Asthma, Allergies, epilepsy, diabetes, heart condition, recurring sickness, challenges, anorexia or bulimia, emotional problems, accidents or operations

5 Contact in case of emergency

NAME

TEL. NO.

FULL ADDRESS ESPECIALLY IF IT IS AN HOSPITAL.

CAN YOUR WARD BE ATTENDED TO IN OUR HOSPITAL IN CASE OF EMERGENCY? [ ]YES[ ]NO

ARE THERE ANY SPECIAL MEDICAL CIRCUMSTANCES WE SHOULD BE AWARE OF? [ ]Yes[ ]No

If yes, please provide us with accompanying letters, reports, C.T or X-ray scans.

6 Guardian in Nigeria if parents live abroad

FULL NAME OF GUARDIAN

RELATIONSHIP TO CHILD

FULL RESIDENTIAL ADDRESS

OCCUPATION

NATIONALITY

COUNTRY OF RESIDENCE

TELEPHONE

Home Telephone With Country Code

Work Telephone With Country Code

Moblie Telephone With Country Code

E-MAIL ADDRESS

(Any information you give will be treated confidentiality and forwarded to the head of learning support, who may contact you for discussion)

Please remember to attach the following for us to keep;

a. **A scanned copy of your child's full birth certificate**
b. **A scanned copy of your child's latest school report**
c. **Two (2) passport photographs**

Each of those with parental responsibilities must sign and complete below

I declare that the information furnished by me is correct

First signature _____ **Second signature** _____

Name in full _____ **Name in full** _____

Relationship with child _____ **Relationship with child** _____

Date _____ **Date** _____

FOR OFFICIAL USE ONLY

Exam Number _____

Admission Number _____

Date of Admission/Session _____

Class on Admission _____

Remarks _____

Principal's Signature _____ **Date** _____