BLUEWATERS ACADEMY

Address: 4-5 Abeke Ogunkoya Drive, Off Babatunde Anjou Off Admiralty way, Lekki Phase 1, Lagos.
Email: info@bluewatersacademy.org
Website: www.bluewatersacademy.org

Please tick the appropriate **Academic Year _____ Month _____**	**Date of Submission:** **_____**
Pupil	
Year of Entry: (please tick the appropriate) **Age 11-13 { } Age 13-17 { }**	**Day { } Boarding { }**
Surname (preferred):	**First name (preferred):**
Date of Birth: **(dd:mm:yy)**	**Gender (please tick the appropriate)** **Male { } Female { }**

APPLICATION FORM

Address (Home):

Nationality:	**Religion:**
Does your child have any Special Needs? **(e.g. Physical disability, poor sight, ADDH, Autism, etc)**	

Name of last school attended:

Address of the last school attended:
Name of principal: **Contact details:**

Do you have any other child in school?

Name	Year Group	Class Teacher

Father

Father's Name:	**Profession**

Father's home address:

Tel (office):	**Fax:**	**E-mail (work):**

Father's home address:

Tel (home):	**Mobile:**	**E-mail:**

Mother

Mother's Name:	**Profession:**

Mother's company Name & Address:

Tel (office):	**Fax:**	**E-mail(work):**

Mother's home address:

Tel(home):	**Mobile:**	**E-mail:**

How did you hear of us?

If my child is admitted to the school, I agree to conform to the rules and regulations of the school.
Signature of Parents/Legal Guardian:
Date:

- **This form should be completed and returned to the Admissions Office**
- **All applications form must be accompanied with a copy of the child's birth certificate and recent passport photographs**
- **Please contact the Admissions Office for any enquiries about this form**
- **Please attach two passport photograph.**