DEBIRUSS SCHOOL
Application Form

ESN/23/_____

Please complete this form accurately using block capitals. Any information given will be held confidentially. Prior to entry, the school will send you an Examination Procedures Form.

Proposed Year of Entry_____ Year Group _____

STUDENT'S DETAILS

Surname_____

First Name_____ Middle Name _____

Date of Birth_____ Gender_____

Home Address _____

_____

Nationality_____ Religion_____

State of Origin_____ Place of Birth _____

Current School _____

Please **note: We may request a confidential reference from the applicant's current school.**

Current School Address _____

Email Address_____ (Tel)_____

Names of other schools attended with dates _____

_____

_____

If applicable please give the name(s) of the applicant's sibling(s) who is (are) already attending Debiruss College

Sibling Name_____ Date of Birth _____

Sibling Name_____ Date of Birth _____

FATHER'S DETAILS

Surname_____ Title_____

First Name_____ Nationality_____

Telephone (Home)_____ Telephone (Work) _____

Email Address_____ Telephone (Mobile) _____

Address_____

MOTHER'S DETAILS

Surname_____ Title_____

First Name_____ Nationality_____

Telephone (Home)_____ Telephone (Work) _____

Email Address_____ Telephone (Mobile) _____

Address _____

GUARDIAN'S DETAILS (If Child is not in the care of or does not live with Parents)

Surname_____ Title_____

First Name_____ Nationality_____

Telephone (Home)_____ Telephone (Work) _____

Email Address_____ Telephone (Mobile) _____

Address _____

ADDITION

How did you get to know about Debiruss College? Through social media ☐ school marketing ☐ a referral ☐ school advert ☐ a friend ☐ a staff ☐ other (Pls specify): _____

MEDICAL INFORMATION

1. Has your child/ward been immunized against the following? Kindly indicate with **Y** for yes or **N** for no.

☐ Small Pox	☐ Tetanus	☐ Rubella (German Measles)	☐ Chicken Pox
☐ Whooping Cough	☐ Tuberculosis	☐ Hepatitis	☐ Diphtheria
☐ Polio	☐ Mumps	☐ Meningitis	

2. Has your child been given any other vaccination apart from the ones stated above? (Y/N) _____

If yes, state type _____

3. Does your child suffer from any of the following ailments? Kindly indicate with Y for yes and N for no.

☐ Respiratory disorder/condition ☐ Eye disorder/condition

☐ Ear, nose or throat disorder/condition

4. Does your child suffer any specific learning difficulties such as Dyslexia, ADHD? (Y/N) _____
5. Does your child have any other known medical condition or allergies? _____
6. Instruction for medical care in case of emergency _____

_____

_____

7. Is your child unable to take part in sports/physical activity due to any medical condition?(Y/N) _____
8. Additional information _____

_____

_____

DECLARATION

By signing this form, you are declaring that the information provided are accurate and true to the best of your knowledge. False information could lead to the withdrawal of the child.

Parent's Name and Date: .....

DOCUMENTS REQUIRED

The following documents should be attached to this application:

1. Photocopy of Child's birth certificate (original copy is to be sighted)
2. Photocopy of immunization card/report
3. Character testimonial from current school
4. Last academic report
5. Two (2) passport-sized photographs of the Child
6. Photocopy of Valid ID Card (Voter's ID Card, Passport, National ID, etc.) of Parents or Guardian