ENPARIO HALL SCHOOLS

Address: No 3, Gen. Life Ajemba Street,
Off New Road, Iwerekun -Gbetu,
Ibeju - Lekki, Lagos State
Tel: 08140000839, 08032004106
Email: enparioh.schools@outlook.com

APPLICATION FOR ADMISSION

Passport

Photographs

4 copies

CHILD

Surname First Name Middle Name

Birth Of Date Nationality Religion

Previous Care/ School Experience

School: _____ Duration: _____ Reason for leaving:_____ Previous Class___

SIBLINGS:

Name	Age	Current School

PARENTS:

MOTHER	**FATHER**
Name:	**Name:**
Home Address:	**Home Address:**
Occupation:	**Occupation:**
Phone Number:	**Phone Number:**
Email Address:	**Email Address:**

FIRST AID/EMERGENCY MEDICAL CONSENT FORM

In the event my child becomes ill or injured at school and all efforts to contact the parents fail,

☐ I authorize Enpario Hall School's staff to give first aid to my child.

☐ Release my child to emergency contacts listed.

☐ Transport my child to _____

_____ (hospital/clinic)

☐ Transport my child to the nearest hospital for immediate management.

I understand that the school is not financially responsible for emergency care.

Child's physician: _____

Address: _____

Phone number: _____

Emergency contacts:

Name: _____

Address: _____

Relationship to child: _____ Phone Number: _____

Do you give permission for child to be released to the Emergency Contact? Yes _____ No _____

Please note: You are required to provide the below to the school on admission of your ward/child;

- Completed and Signed Copy of Application Form
- Copy of Immunization Record
- Copy of Birth Certificate
- Child's previous school last report card

PARENT'S NAME: _____ SIGNATURE/DATE: _____