FUNTAJ

INTERNATIONAL SCHOOL LTD

Preparing Tomorrows' Leaders, Today...

APPLICATION FORM

NURSERY | PRIMARY | JUNIOR & SENIOR HIGH (DAY & BOARDING)

FUNTAJ
RC.418248
INTERNATIONAL SCHOOL LTD
www.funtajschool.com

AFFIX
PASSPORT
PHOTOGRAPH

Application Form

Please complete ALL sections of the following form clearly and accurately using CAPITAL LETTERS.
If information is missing from your form, or we cannot read some of the sections we may not be able to process your application
When complete, please return this application form with two extra passport photographs, photocopy of your birth certificate and Results from previous school to:

Nursery / Primary:
Plot 6 Nelson Mandela Str.,
Asokoro – FCT Abuja.
Tel: 07057928066, 07026349297

High School (Day/Boarding):
Plot 584, David Jemibewon Crescent, Zone BOI Gudu, off Oladipo Diya Rd, Abuja.
Tel: 07026349299, 07057928544

Email: headteacher@funtajschool.com, principal@funtajschool.com

Section I: Admission Into

Nursery	Primary	Junior High School	Senior High School
☐	☐	☐ DAY	☐ DAY
		☐ BOARDING	☐ BOARDING

Please indicate the class you are applying for _____

Section 2: Your personal details

Your surname/family name _____

Your first name and other names _____

Gender ☐ M ☐ F **Date of birth** ☐ Day ☐ Month ☐ Year

Postal address

Home address

Place of birth _____

Religion _____

State of origin _____ **Local Government Area** _____

Nationality (Non-Nigerian should include state)_____

Section 3: Your education to date

Schools attended	From	To	Last Class Attended

Section 4: Parents' details (all sections to be completed)

Father's name _____

Day & Month of birth _____ **Mobile phone** _____

Home Address _____

Place of employment _____

Occupation _____ **Office phone** _____

Email _____ **Nationality** _____

Mother's name _____

Day & Month of birth _____ **Mobile phone** _____

Home Address _____

Place of employment _____

Occupation _____ **Office phone** _____

Email _____ **Nationality** _____

Section 5: Your medical information

Genotype _____ **Blood Group** _____

1. Do you have allergies? ☐ Yes ☐ No

   If yes, describe _____

2. Any Special medication and/or restrictions? Please specify ☐ Yes ☐ No

   If yes, describe _____

3. Do you have any form of disability? ☐ Yes ☐ No

   If yes, describe _____

4. Have you ever had any surgery? ☐ Yes ☐ No

   If yes, describe _____

5. Any other health problems (physical, mental health disorder, mental retardation, or developmental disabilities) which may limit participation in the school activities? ☐ Yes ☐ No

   If yes, describe _____

6. Please list any known medical conditions (i.e) diabetes, asthma, allergic reactions, ...

   _____

7. Instructions in case of emergency: _____

NOTE: ALL NEW STUDENTS ARE EXPECTED TO PROVIDE CERTIFIED MEDICAL REPORT AT ENTRY POINT.

Candidate's signature _____ Date _____

Parents'/Guardian's signature _____ Date _____

Head Teacher/Principal's signature _____

SCHOOL STAMP

OFFICIAL USE

Examination number _____ Score _____

Recommendation _____ English Language _____

_____ Mathematics _____

_____ General Paper _____

Signature/Date _____ Total Score _____

Please come to examination hall with this slip

Name _____
SURNAME OTHER NAMES

Sex _____ Admission into _____

Examination Date _____ Examination Venue _____

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