Affix passport

GUIDED TREASURES CHILDREN'S SCHOOL

2, Prophet Olanrewaju street off Unity street, across
Mayfair Gardens, Awoyaya, Ibeju Lekki, Lagos.

Application Form GTCS/00

Please read carefully the important notes given below before filling up.

- This form must be completed and returned, together with the registration fee of N5,000
- Please attach photocopy of child's birth certificate when submitting this form.
- Please fill in all the details in capital letters and in a legible handwriting.
- Please ensure that the date of birth of your child is written correctly and corresponds with that on the birth certificate. The original Birth Certificate is to be produced for verification at the time of admission.
- In case of any health issues, please attach details.

Surname: _____

First name: _____

Other names: _____

Date of Birth: _____/____/_____ Gender: Male☐ Female☐

Last school attended (if any): _____

_____

Class in previous school: _____

Present address of parent/guardian:_____

_____

Permanent address of parent/guardian: _____

_____

PARENTS' INFORMATION:

FATHER

Name: _____

Religion: _____

Educational/Professional qualification: _____

Present job/Status including name and address of the organization/business: _____

_____

Office Phone no: _____ Mobile No: _____

E-mail address: _____

MOTHER

Name: _____

Religion: _____

Educational/professional qualification: _____

Present job/Status including name and address of the organization/business: _____

_____

Office Phone no: _____ Mobile No: _____

E-mail address: _____

DETAILS OF GUARDIAN: (if applicable)

Name: _____

Religion:_____ Educational/professional qualification_____

Present job/Status including name and address of the organization/business: _____

_____

Office Phone no: _____ Mobile No: _____

E-mail address: _____

HEALTH SUMMARY

Does your child have any peculiar health problem? Yes ☐ No ☐

If yes, please specify _____

Does your child have any allergies? Yes ☐ No ☐

If yes, please state_____

Doctor's Name _____ Phone Number_____

How did you hear about the school? Please tick as appropriate.

Flyer ☐ Word of mouth ☐ Internet ☐

Others, please state _____

Describe briefly the reasons for seeking admission for your child/ward in Guided Treasures Children's School, Awoyaya.

_____

_____

_____

I hereby state that the information provided by me is true

_____

Parent's/Guardian's name

_____/____/_____ _____

Date Signature of Parent/ Guardian

For Office Use Only

Method of Payment: Bank Draft ( ) Cash Lodgment ( ) Cheque ( )

Grade Assignment

Class Assigned: _____ Teacher's Name: _____

MEDICATION CONSENT FORM

Child's name **…….**

This is to certify that I, ……. , being the Mother / Father / Legal Guardian [delete as appropriate] of the above-named child, hereby give permission to the staff of Guided Treasures Children's School to administer emergency medical treatment to the above-named child in appropriate circumstances and, if deemed necessary, to take the child to hospital.

Parent's Signature …….

This is to certify that I, ……. , being the Mother / Father / Legal Guardian [delete as appropriate] of the above-named child, hereby give permission to the staff of Guided Treasures Children's School to administer medication to the above-named child. I understand that such medication must be prescribed by a Doctor and in an appropriate container and clearly labelled.

Name of Medication	Application [Cream/Pill/Quantity in Mml's]	Frequency [Specific times?]

Parent's/Guardian's Signature …….

Signature of Head of School…….