I-SCHOLARS INTERNATIONAL ACADEMY,

GWARIMPA, ABUJA.

CITY OF SCHOLARS

Building Great Minds, Nurturing Good Character.

Passport Photograph

FORM NO.: _____

RECEIPT NO.: _____

ENTRANCE APPLICATION FORM

Name: _____

Session: _____

Plot C90, Road 5213, Behind SOAR PLAZA, Off 1st Avenue, Gwarinpa, Abuja.
Tel: 08035347927, 08035347982, 08080212456, 08065387733
E-mail: info@ischolars.com.ng | www.ischolars.academy

ACADEMIC YEAR	14 / 20	TO	14 / 20

CLASS OF STUDY

NURSERY	PRIMARY	SECONDARY (DAY AND BOARDING)		DAARUL-HUDA (ARABIC NURSERY)	DAARUL-HIFDH (ARABIC PRIMARY)	ASTP AND 1 YEAR GAP PROGRAM For Qur'an Memorization (DAY AND BOARDING)	
		JSS	SSS			ASTP	1 YEAR GAP

SCHOLAR'S BIODATA

Name of Scholar: _____

Surname First Name Other Name

Age as at last Birthdate:		Age as at September:		Date of Birth:				State of Origin:	
					Day	Month	Year		

ADDRESS DETAILS as at time of application

NAME AND OCCUPATION OF PARENT(S) OR LEGAL GUARDIAN(S)

Father's Name:	Phone:
Occupation:	Email:
Mother's Name:	Phone:
Occupation:	Email:
Guardian's Name:	Phone:
Occupation:	Email:
Address of parent(s) or legal guardian(s) if different from above:	

PREVIOUS SCHOOL(S) ATTENDED

School name:		Location:
From	To:	Last Class:
School name:		Location:
From	To:	Last Class:
School name:		Location:
From	To:	Last Class:

MEDICAL AND/OR PSYCHOLOGICAL CONDITION:

Has your child been seen/or is due to be seen by an educational psychologist?	Yes ☐	No ☐	(Please tick as appropriate)
Details (If Yes)			
Does your child have a statement of special educational need?	Yes ☐	No ☐	(Please tick as appropriate)
Details (If Yes)			
Has your child had any behavioural problems in previous schools?	Yes ☐	No ☐	(Please tick as appropriate)
Details (If Yes)			
Does your child have any physical disabilities? (E.g. use of wheelchair, walking frame, others)	Yes ☐	No ☐	(Please tick as appropriate)
Details (If Yes)			

Please indicate the subject areas that your child enjoys most and is very interested in.	
Please indicate the areas that your child has demonstrated significant achievements	
Has your child ever been suspended or expelled from or asked to leave a school any time? Please give full details.	
If you have any specific health condition of the child you may like to inform the school, including chronic medical and/or psychological conditions, please indicated them:	

FURTHER DETAILS:

Please give any further details that may support your application: (Please continue on a separate sheet of paper if required, placing your child's name and date of birth at the top and staple to this form)	

DECLARATION:

I confirm the information supplied is true and complete to the best of my knowledge.
I understand that by completing this form, a place is not automatically guaranteed.

Signature:		Date:	

WAY OF LIFE (QUESTIONNAIRE)

Have you helped your child to learn the Qur'an? Please give details below	Yes ☐	No ☐
Are you as Parents engaged in any Islamic activities on a regular basis?	Yes ☐	No ☐
Has any of your children attended any other Muslim School? Please give details below	Yes ☐	No ☐
Do you exert any control over what your children watch on TV/Internet or what they read in Books and Magazine?	Yes ☐	No ☐
Are you observant with regards to checking the ingredients on food packages?	Yes ☐	No ☐
Are your children exposed to violence/abuse?	Yes ☐	No ☐
Do you smoke/drink alcohol in the presence of your children?	Yes ☐	No ☐
Do you encourage the wearing of hijab outside the home?	Yes ☐	No ☐

This form should be completed, and submitted with the following items:

- ☐ Evidence of Payment
- ☐ Birth certificate of the child/ward
- ☐ Two recent passport size photographs of the child/ward
- ☐ Copy of child/ward immunization card
- ☐ Transfer certificate from last school attended
- ☐ Last academic report of the child/ward
- ☐ Further details that may support your application if available
- ☐ Copy of NIN of the child/ward

FOR OFFICE USE ONLY

Date received	Application Fee Paid	Age on 1st Sept.	Class of Study	Class Offered	Admission Number

Entrance/Interview Result.

Recommendation:

Signature