Meadowlands School

PRIMARY

PASSPORT

Kindly fill out in BLOCK LETTERS and tick where appropriate.
You can as well call: 09094261560 or 09096042158 for clarification

A. PUPIL

Surname:								
First Name:								
Age:		Date of Birth:	DD	MM	YY	Gender:	M	F
Place of Birth:								
Nationality:								

Other Siblings At Meadowlands School:

Name(s)		Year	

☐ Day Student ☐ 5-Day Residential ☐ 7-Day Residential

Previous School(s) Information:

	Name of School	From:	To:
1.			
2.			
3.			

Has the Student ever been suspended or expelled from School?	☐	Yes	☐ No

Please give details:

B. DETAILS OF PARENTS/ GUARDIAN	
Title:	Title:
Father's name:	Mother's name:
Phone number:	Phone number:
Email Address:	Email Address:
Occupation:	Occupation:
Employer Information:	Employer Information:

How did you learn about the School?	Friends		Social Media		Handbill		Other (Please Specify)

Persons Designated To Pick up Child:			
	Name	**Relationship**	**Contact No.**
1			
2			

I understand that on confirmation of my child's place at Meadowlands Secondary School, I will pay the full school fees at least one week before the term begins. Parent's **Signature:** _____ **Date:**_____

FOR OFFICE USE ONLY			
Date Received	**Application Fee Paid**	**Age on 1st Sept**	**Year Group**

Kindly attach 4 recent passport-size photograph, photocopies of immediate past academic records.

C. MEDICAL FORM

Student Name _____ **Date of Birth** _____

Next of Kin _____ **Phone Number** _____ **Male** ☐ **Female** ☐

Blood Group/Genotype _____ **Name of Child's Doctor** _____ **Hospital Child Attends** _____

Hospital's Phone Number _____ **Doctor's Phone Number** _____

PART 1:	**PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORD**
PART B:	**THE FOLLOWING SHOULD BE ANSWERED FOR OR BY THE APPLICANT:**

Give details of stays in the hospital (within last three years). Name of Hospital Condition Treated Dates

Do you have any of the following conditions? State details of treatment you require for each "yes".

Diabetes ☐ **No** ☐ **Yes**

Epilepsy ☐ **No** ☐ **Yes**

Asthma ☐ **No** ☐ **Yes**

Asthma ☐ **No** ☐ **Yes**

Hay Fever ☐ **No** ☐ **Yes**

Fainting ☐ **No** ☐ **Yes**

State medications you are currently taking. Give details of dosage level and when and how often medication is taken: _____

State any allergies you have. Give details of medication, precautions, etc. (Use a separate sheet of paper if necessary) _____

Select any of the following illnesses from which you have suffered:

Tuberculosis ☐ **Measles** ☐ **Whooping Cough** ☐ **Mumps** ☐ **Small Pox** ☐ **Chicken Pox** ☐

Scarlet Fever ☐ **Typhoid** ☐ **Cholera** ☐ **Hepatitis** ☐ **Rheumatic Fever** ☐ **Sleeping Disorders** ☐

Heart problems ☐ **Mental problems.**

Detail other medical conditions or disabilities. _____

Detail any medical concerns you might have about participation in Physical Education classes. _____

_____ _____

Signature of Parent **Date**

D. Requirements for Admission

Checklist

1. Completed application form ☐
2. 4 Passport size photographs ☐
3. Copy of birth certificate or international passport ☐
4. Completed Meadowlands medical form ☐
5. Completed student medical fitness form (Only for Secondary Students) ☐
6. Immunization record ☐
7. Copy of report from previous school ☐
8. Interview with the Principal/ head teacher ☐
9. Payment of ₦20,000 non-refundable registration fee ☐

Once **all** of the above documentation has been submitted and the payment of the registration fee has been made, you will receive confirmation of admission together with an invoice for the school fees, which should be paid **before** your child/children can commence school.