Meadowlands School

SECONDARY

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.

CONFIDENTIAL PERSONAL REFERENCE FORM

Applicants Name: _____

The person completing this personal reference form must be the Pastor or Youth Pastor of the applicant and not any relative or person that will receive personal gain from the student attending Meadowlands Secondary School. The person acting as a reference must return this form directly to Meadowlands Secondary School. Please return promptly to ensure timely admission decision. Please complete this form accurately as possible. This form will be handled with sensitivity and is designed to give school personal insight into the ability, character and integrity of the student.

1. How well do you know this applicant as a person? Very well ☐ Moderately ☐ Not very well ☐
   How many years:_____

2. How did you come to know the applicant?

_____

3. What are the three characteristics that come to mind to describe this student?

1._____

2._____

3._____

4. If you have knowledge of the applicant spiritual activities, indicate those that apply:

   ☐ Does not attend worship services

   ☐ Attends worship regularly

   ☐ Leads among youths

   ☐ Leads in public worship

   ☐ Leads life consistent with his/ her spiritual faith

5. In what way has the student made significant contributions to your community?

_____

_____

_____

_____

_____

6. What leadership qualities or special talents have you observed in the applicant?

_____

_____

_____

_____

_____

7. Meadowland School emphasizes Christian values and expect a high standard of moral behavior from its students. In your opinion, what qualities will this person bring to the environment of Meadowlands Secondary School and how well will these qualities blend in with the environment?

_____

_____

_____

_____

_____

Please provide the following information

Name: _____ Occupation:_____

Title: _____ Email Address:_____

Phone: _____ Address:_____

Signature:_____ Date:_____

STUDENTS' DECLARATION

I, _____

Agree to the terms and conditions of Meadowlands secondary school and I promise to abide to all the guiding principles of the school. I accept that disciplinary measures should be taken if at any point I break the rules.

_____

Signature/Date

F Student Medical Fitness Form

Name of Student

_____

Dear Doctor,
This person is applying for admission to Meadowlands School. For our medical records, kindly assist us by conducting a fitness examination. Please indicate on this form the results of:

1. Basic sight reading test

_____
_____
_____

2. Chest X-ray

_____
_____

3. Hemoglobin

_____

4. Haemoglobin

_____
_____
_____

Comments:

_____
_____
_____
_____

I consider this person to be: (Please check one)

☐ medically fit to undertake the rigors of school life.

☐ medically unfit to undertake the rigors of school life.

Doctor's Name _____
Doctor's Signature _____
Name of Hospital _____

Date _____ Stamp

_____

□ copy sent to Clinic