We give permission for photograph of our child to be taken while at school for the purpose of school marketing such as billboard, handbills, website, prospectus, etc

Yes ☐ No ☐

How did you know about Oaksprings School?

☐ Radio/Tv ☐ Newspaper ☐ Relative/Friend ☐ Siblings

☐ Internet ☐ Handbills ☐ Billboard ☐ Church bulletin

☐ Documentary

Please ensure you enclose the following

- **A photocopy of Child's birth Certificate**
- **2 Recent passport photographs of child**
- **A photocopy of child's last result in the present school**
- **Transfer certificate (where applicable)**
- **Medical records**

PARENT DETAILS:

MOTHER

Name: Last Name Other Names First Name

Residential Address: If different from father

Occupation: Nationality:

Office Telephone Number: E-Mail:

Mobile Telephone Number:

Please Tick The Box As Applicable

Single Parent: ☐ Married & Living Together: ☐ Separated: ☐ Divorced: ☐ Widowed: ☐

The Child Resides with (tick appropriate box):

Both Parent: ☐ Father: ☐ Mother: ☐ Other: ☐ Specify: .....

Are there any medical circumstances we need to know about your child?

Yes: ☐ No: ☐ if yes please give details: .....

.....

Declaration

We declare that the information given in this form as regards our wards is correct. We also understand that the school may obtain, process and hold personal information about our child, including confidential information such as medical report, we also accept responsibility for the payment of fees for our child/ward and that our child will be sent out of class in the event of default on our part in the payment of fees within the period stipulated by the school authorities.

First Signature:	**Second Signature:**
Name in Full	**Name in Full**
Relationship with Child	**Relationship with Child**
Date	**Date**

OAKSPRINGS HILL SCHOOLS

No. 18 Goodluck Mark Ogbonda Avenue, off Circular road, Woji, Port Harcourt.
For Enquiries: Tel: 07016574828, 08169150716, 08078854422 | Email: admin@oakspringshill.com | website: www.oakspringshill.com

ADMISSION FORM

Passport

STUDENT'S DETAILS

Name: (Last Name / Other Names / First Name)

Gender: Date of Birth:

Nationality: Religion:

Class seeking admission into: Language Spoken

Present School:

Address:

Name of Head Teacher:

Email Address of School:

ADDITIONAL STUDENT'S DETAILS

Height: waist: Hip: Neck:

Please list co-curricular activity your child participates in

Eg. Drama, singing, football etc

PARENT DETAILS:

FATHER:

Name: (Last Name / Other Names / First Name)

Residential Address:

Occupation: Nationality:

Office Telephone Number: E-Mail:

Mobile Telephone Number: