PEAKFIELD ACADEMY

JUNIOR HIGH SCHOOL

ADMISSION FORM

Plot 26947, Twawwei, Rayfield, Jos South LGA, Plateau State.
PMB 2015, Bukuru, Jos, Plateau State.

Website: peakfieldacademy.com
peakfieldacademyjos@gmail.com

08173437760, 08063823062, 08036939028

Name: _____ Sex: M ☐ F ☐
(Surname) (Other names)

Place of Birth: _____ Date of Birth: _____

Please give details of school(s) attended

School:	Year	City/Country	Class

Father's Name: _____ LGA: _____

State: _____ Nationality: _____

Occupation: _____ Office address: _____

_____ Tel.: _____ E-mail _____

Mother's Name: _____ LGA: _____

State: _____ Nationality: _____

Occupation: _____ Office address: _____

_____ Tel.: _____ E-mail _____

Child lives with [Please tick] Both Parents ☐ Mother ☐ Father ☐ Guardian ☐

Home Address: _____

_____

_____ Tel.: _____

Health Information:

Is your child currently receiving any treatment or medication?

Please give details: _____

_____

Do you have any concerns about your child's health? _____

_____

_____

What is your genotype? _____ What is your blood group? _____

Is your child Asthmatic? Yes ☐ No ☐ Is Your child Diabetic? Yes ☐ No ☐

In an emergency requiring immediate medical attention, your child will be taken to the nearest hospital, your signature authorizing the person at the school childcare facility to have your child taken to the hospital will be required.

Signature for Parents/Guardian: _____ Date: _____

EMERGENCY INFORMATION

When parents cannot be reached. List at least Two persons who may be contacted to pick up the child in an emergency:

INSTRUCTION TO PARENTS

Complete all items on the form and date where indicated
Note: This form must be updated when change(s) occur.

NAME:
(Surname) *(Other names)*

ADDRESS:

RELATIONSHIP WITH CHILD: TEL:

NAME:
(Surname) *(Other names)*

ADDRESS:

RELATIONSHIP WITH CHILD: TEL:

DECLARATION

Before signing the enrolment form please read the clauses as highlighted on the declaration carefully to avoid any misunderstanding.

To the best of my knowledge, the detailed outlines on this form are correct.

I will encourage my child/ward to abide by the school rules and regulations

Name: _____ Relationship to the child: Father ☐ Mother ☐ Guardian ☐

Signature: _____ Date: _____

For official use only

Entrance examination scores _____ Comment: _____

Recommendation _____

Admission Number: _____

Class admitted into: _____

NOTE: **Please Attach photocopies of the following**

1. (a)Transfer letter/ certificate (b) Last school result (c) Birth certificate (d) Medical certificate of fitness
2. Completed form should be returned to place of purchase within one week.