Plot 2, Block 6, Acacia Drive,
Osborne Foreshore Phase II,
(Opp. Dolphin Estate),
Ikoyi , Lagos.

Call us @ +234 802 312 1865.

E-mail: info@tlslagos.com
www.tlslagos.com

THE FORESHORE SCHOOL
... a significant beginning
IKOYI

CRECHE • PRE SCHOOL • NURSERY • PRIMARY

APPLICATION FORM

How did you hear about the school?

CHILD'S INFORMATION

Surname

Other Names

Date of Birth | Place of Birth | Nationality

Male/Female | Religion

Proposed Month of Entry | Entry Level

Nationality of Father

Nationality of Mother

SCHOOLS ATTENDED	DATES	REASONS FOR LEAVING

Name of sibling currently attending TLS or who have left over the past two years

This application must be regarded as provisional and enrollment cannot be guaranteed until confirmation has been given and payment fully made.

All application must be accompanied by a copy of the birth certificate and two recent passport photographs of the child and each of the parents.

I have read the conditions of the admission and should my child be admitted, I agree to conform to the rules and regulations

Signed Date

OFFICE USE ONLY

Reg. No.....Admittance Date.....Reg. Fee Received.....

Supporting Documents check list

Birth certificate Passport photographs School Report

PARENT'S INFORMATION

Name of Father

Occupation | Office Address

E-mail | Home Address

Phone No: Office | Home | Mobile

Name of Mother

Occupation | E-mail

Home Address

Phone No: Office | Home | Mobile

Date of Birth: Father | Date of Birth: Mother

GUARDIAN'S INFORMATION

Guardian's Name

Home/Office Address

Who will pay schools and other expenses(Tick) Father ☐ Mother ☐ Other ☐

Name *(One close contact near the school)*

Address

Phone No | Relationship to Parent

MEDICAL INFORMATION

Date of Last Physical Examination

A: Blood Group: Genotype:

B: Illness or Physical disability, please specify

C: What was your child last hospitalization for? (Explain Why & When)

D: Has your child had injuries with fracture or loss of consciousness (Explain)

E: Last Vision Test Date

Last Hearing Test Date

Last Dentist Visit:.....

F: Any Family History of Asthma Diabetes Epilepsy

G: Is your child allergic to anything? If yes, please explain

DOCTOR'S DETAIL

Your Doctor's Name

Address

Telephone No

Please note that we have a sick bay and a nurse on duty. She is only allowed to administer pain killers to children. Medication can only be administered on your child by the nurse when a medication slip has been filled and duly signed by the parents.

If your child has a fever, diarrhea or any form of infectious/ contagious diseases, kindly keep him/her at home for speedy recovery and safety of other children.