WATERSPRINGS INTERNATIONAL SCHOOL
Plot 6 & 7, Block xvii ijomu Quarters, ijapo Akure, Ondo State
Tel.: 08149586494,08027497247,07055004557,08091821987
info@waterspringsschool.org, www.waterspringsschool.org

Attach Student Passport Photo Here

PROSPECTIVE STUDENT'S DETAILS

Family name	
Child's first name	
Date of birth	
Gender	
Nationality	
Proposed year of entry	
Religion	

PRESENT SCHOOL

School name	
Address	
Current class	
Email	

FATHER'S DETAILS

Name of father	
Residential address	
Occupation	
Nationality	
Country of residence	
Mobile phone	

Email address

MOTHER'S DETAILS

Name of mother

Residential address

Occupation

Nationality

Country of residence

Mobile phone

Email address

CONTACT INFORMATION

Indicate contact person

Father ☐ Mother ☐ Guardian ☐

If contact person is the guardian, please complete the information below

Name of guardian

Address

Occupation

Nationality

Country of residence

Mobile phone

Email address

DECLARATION

I hereby confirm that the information provided above is correct

_____ Father ☐ Mother ☐ Guardian ☐

Signature

Kindly attach items listed below:

- Child birth certificate
- Child latest school report (if applicable)
- Passport photograph