XTIVE ACADEMY™
...Dream, Become

PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN BLOCK

Candidate's Details

Surname: _____

Middle name: _____

Preferred Name: _____

(if different from above)

Date of birth: _____

Day/Month/Year e.g. 20/03/2001

Language spoken at home: _____

Candidate's address

_____

_____

_____

First name: _____

Proposed Start Date: _____

School year at entry (please select):

Creche ☐ Reception 1 ☐ Reception 2 ☐ Others ☐

State of Origin: _____ L.G.A: _____

Place of Birth: _____L.G.A:_____

Religion: _____

Attendance Type: Day Pupil ☐ After-School Pupil ☐

Club Activities e.g. Jet Club, Literary & Debating Society

Math club and Readers club

Vocational Skills e.g. Hair making, ICT, Music

Candidate's Details

FATHER

Title: _____

Surname: _____

First name: _____

Does the father live at the same address as the candidate? Yes ☐ No ☐

Address (if different from candidate's)

_____

_____

_____

Tel. (home): _____

Tel. (mobile): _____

WhatsApp No.: _____

Email: _____

Occupation: _____

MOTHER

Title: _____

Surname: _____

First name: _____

Does the mother live at the same address as the candidate? Yes ☐ No ☐

Address (if different from candidate's)

_____

_____

_____

Tel. (home): _____

Tel. (mobile): _____

WhatsApp No.: _____

Email: _____

Occupation: _____

NB: You are required to inform us if any of the details given on this form subsequently change. It is our intention to communicate by email, SMS, and telephone calls as much as possible, so please provide a reachable telephone number and an email address which will be checked regularly and advise us immediately of any changes. You will be asked to supply further information nearest to the time of our assessment.

Parents' passport photographs are needed

Parents living overseas will also asked to nominate a guardian for their child before admission to the school. Parents should submit passport photograph of whoever is authorized to pick their children/ward after school hours.

Candidate's previous school

Name of school: _____ Name of Principal/Head: _____

Address of school: _____

_____ Telephone: _____

_____ Fax: _____

_____ Email: _____

Background information

How did you find out about XTIVE ACADEMY?

Family ☐ Friends ☐ Local Knowledge ☐ Current School ☐ Website ☐ SMS ☐

Agency ☐ Publications ☐ Newspaper ☐ School handbill ☐ Social Media (Facebook, Twitter) ☐

Others, please give details: _____

Does the candidate have a brother or sister who is attending/has attended, or is applying to NFSS? Yes ☐ No ☐

Sibling name(s): _____ Sibling(s) date of birth: _____/_____/_____

Day/Month/Year e.g. 20/03/2001

Sibling name(s): _____ Sibling(s) date of birth: _____/_____/_____

Day/Month/Year e.g. 20/03/2001

Is there any situation or challenge about your child such as medical, academic, behaviour, peer group influence and association, etc. that the school needs to be aware of?

You may ask for confidential discussion over this. Please let us know.

Do you have a family connection with the school? YES ☐ NO ☐

If yes, please give details _____

Have you visited the school (e.g. personal visit, open day, graduation day? YES ☐ NO ☐

If yes, please give details: _____

Declaration

I / We request that the candidate be registered as a prospective pupil. I/We understand that the standard terms and conditions of the school will reasonably change from time to time as circumstances require. Offers of places are subject to availability and the relevant admission requirement of the school at the time.

Parent's signature: _____

Parents' name: _____

Date: _____

Day/Month/Year (e.g. 20/03/2018)

House 16, I Close, 112 Road, Festac Town, Lagos

Tel: 08180063116, 07061195223

Email:, xtiveacademy@gmail.com

Website: www.xtiveacademy.com.ng

Candidate's Details

Name: _____ First name: _____

Middle name: _____ Nationality: _____

Attendance type: Day Pupil ☐ Boarding Pupil ☐

Student's home address:

_____

_____

Authorized Person(s) Details

Authorized Person 1	Authorized person 2	Authorized Person 3
Full Name(s)_____	Full name(s)_____	Full Name(s) _____
_____	_____	_____
Relationship: _____	Relationship: _____	Relationship: _____
Tel. (home): _____	Tel. (home): _____	Tel. (home): _____
Tel. (mobile):_____	Tel. (mobile):_____	Tel. (mobile):_____

….indicate here if the child/ward is to go home himself/herself ☐

ID custody: Father ☐ Mother ☐ Both ☐

NOTE: The passport photograph and a photocopy of government issued means of identification (e.g. Drivers' License, National ID, and Voters' ID) of the authorized person(s) to pick your child/ward after school hours should be attached to this form. Please note that private company/organization ID cards are not accepted.

…are required to inform us if any of the details given on this form subsequently change.

Declaration

We attest to the information provided in here that are correct and complete. i/We understand the standard terms and conditions of the school not to release my child/ward to unauthorized person.

Parent's name: _____

Parent's signature: _____

Telephone number(s): _____