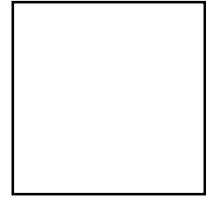




DAMICO SCHOOLS



Admission form

1 Student Details

NAME: _____

Surname

first name (please write frequently called name first)

DATE OF BIRTH: _____ AGE: _____ PLACE OF BIRTH: _____

NATIONALITY: _____ STATE OF ORIGIN: _____ GENDER: _____

LANGUAGE(S): _____ RELIGION OR BELIEF: _____

PROPOSED YEAR GROUP OR YEAR OF ENTRY (CLASS OF ENTRY): _____

PRESENT SCHOOL NAME AND ADDRESS: _____

CURRENT CLASS: _____

2 Additional Student Details

Please give an outline of your child's artistic, dramatic, musical, and sporting skills on percentage basis

ARTISTIC SKILL _____ DRAMATIC SKILL _____ MUSICAL SKILL _____ SPORTING SKILL _____

STUDENT PREFERENCES _____ STUDENT DISLIKES _____

3 Contact Details

FULL NAME OF FATHER: _____

FULL RESIDENTIAL ADDRESS: _____

OCCUPATION: _____ NATIONALITY: _____

COUNTRY OF RESIDENCE: _____

TELEPHONE: _____

Home Telephone with Country Code

Work Telephone with Country Code

FULL NAME OF MOTHER: _____

FULL RESIDENTIAL ADDRESS: _____

OCCUPATION: _____ NATIONALITY: _____

COUNTRY OF RESIDENCE: _____

TELEPHONE: _____

Home Telephone with Country Code

Work Telephone with Country Code

Mobile Telephone with Country Code

Email Address

4 Medical History

Does your ward have any of the following health conditions?
If yes, write the health conditions and give history below.

**Asthma, Allergies, Epilepsy, Diabetes
Heart condition, Recurring sickness,
challenges, Anorexia or Bulimia,
Emotional Problems, Accidents**

5 Contact In Case Of Emergency

NAME: _____

TEL. NO: _____

FULL ADDRESS ESPECIALLY IF IT IS A HOSPITAL: _____

CAN YOUR WARD BE ATTENDED TO IN OUR HOSPITAL IN CASE OF EMERGENCY? [] Yes [] No

ARE THERE ANY SPECIAL MEDICAL CIRCUMSTANCES WE SHOULD BE AWARE OF? [] Yes [] No

If yes, please provide us with accompanying letters, reports, C.T or X-ray scans.

6 Please give an additional emergency contact besides parents'

FULL NAME OF EMERGENCY CONTACT: _____

RELATIONSHIP TO CHILD: _____

FULL RESIDENTIAL ADDRESS: _____

OCCUPATION: _____ NATIONALITY: _____

COUNTRY OF RESIDENCE: _____

TELEPHONE: _____

Home Telephone with Country Code

Work Telephone with Country Code

Mobile Telephone with Country Code

Email Address

7 Guardian in Nigeria if parents live abroad

FULL NAME OF GUARDIAN: _____

RELATIONSHIP TO CHILD: _____

FULL RESIDENTIAL ADDRESS: _____

OCCUPATION: _____ NATIONALITY: _____

COUNTRY OF RESIDENCE: _____

TELEPHONE: _____

Home Telephone with Country Code

Work Telephone with Country Code

Mobile Telephone with Country Code

Email Address

(Any information you give will be treated confidentially and forwarded to the head of learning support, who may contact you for discussion)

- a. A scanned copy of your child's full birth certificate
- b. A scanned copy of your child's latest school report
- c. Two (2) passport photographs

HOW DID YOU HEAR ABOUT DAMICO COLLEGE?

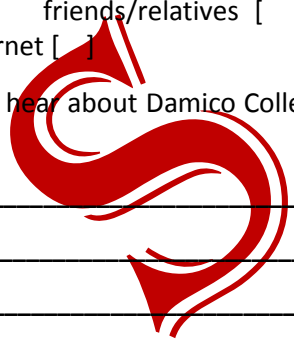
Independent schools directory [] siblings [] local knowledge [] friends/relatives []
 press article/TV/radio [] advertisement [] primary school [] internet []

Please give the name and address of anybody whom you think would like to hear about Damico College with a view to sending their children to receive a world class education.

Name of Person: _____

Address of Person: _____

Email and Phone number of person: _____



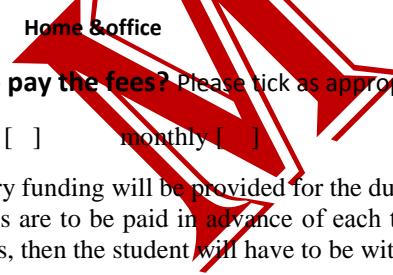
8 Sponsor's undertaking on payment of fees

FULL NAME OF SPONSOR: _____

RELATIONSHIP TO CHILD: _____

FULL RESIDENTIAL ADDRESS: _____

TELEPHONE _____



EMAIL ADDRESS _____

How do you intend to pay the fees? Please tick as appropriate

Yearly [] termly [] monthly [] not yet decided []

I certify that the necessary funding will be provided for the duration of the students' studies at Damico College. I also acknowledge that all fees are to be paid in advance of each term's tuition. If payments are not made in advance or payments fall into arrears, then the student will have to be withdrawn until such payments are made in full.

 Signature & Date

 Signature & Date

9 Declaration

We request that our child be registered as a prospective student. We understand that discovery of false or incomplete information may jeopardize our child's right to remain at the school. We also understand that the terms and conditions of the school will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the school. We also understand that the school may obtain process and hold personal information about our child, including confidential information such as medical details, and we consent to this for the purpose of assessment and if a place is later offered, in order to safeguard and promote the welfare of the child.

10 Each of those with parental responsibilities must sign and complete below

I declare that the information furnished by me is correct

First signature _____ Second signature _____

Name in full _____ Name in full _____

Relationship with child _____ Relationship with child _____

Date _____ Date _____

We give permission for photographs taken while in school to be used for school marketing purposes e.g. prospectus, website
Yes [] No []

We give permission for our ward to be taken out with his peers on educational tour and excursions while at school
Yes [] No []

Please note that early application is recommended. Offers to places are subject to available and the admission requirements of the school at the time. A copy of the current admissions policy and terms and conditions is available on our website.

FOR OFFICIAL USE ONLY

Admission form receipt no: _____

Wards overall test result: _____

Documents submitted: _____

Executive directors' comment: _____

Admission status: _____

Date submitted: _____

