APPLICATION FORM

ST. JOHN'S DAY CARE PREPARATORY PRIMARY & JUNIOR HIGH SCHOOL

MOTTO: VIRTUE AND INDUSTRY

ADMISSION NO: …… **ACCOUNT NO:** …… **STAGE / FORM:** ……

A. STUDENT'S PERSONAL DETAILS

CHILD'S SURNAME: ……

FIRST NAME: …… OTHER NAME: ……

NATIONALITY: ……

DATE OF BIRTH: ……SEX: ……CURRENT STAGE/FORM: ……

DESIRED STAGE/FORM: …… YEAR OF ENTRY: ……

SCHOOL (S) ATTENDED:

NAME OF SCHOOL DATE

1) …… FROM: …… TO: ……
2) …… FROM: …… TO: ……
3) …… FROM: …… TO: ……

ADMISSION REQUIRED: a) DAY b) BOARDING

B. RELIGION & LANGUAGE

RELIGION: …… (Is Child Baptized?) YES/NO:……

LANGUAGE PROFICIENCY: ……

C. HEALTH STATUS

I. Is the child suffering from any illness? A) YES B) NO

II. If yes, give details and attach medical report or certificate

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III. FAILURE TO COMPLY WITH (C)I&II OR ANY FALSE INFORMATION GIVEN OR WITH REGARDS TO MEDICAL INFORMATION SHALL LEAD TO WITHDRAWAL OF CHILD.

D. ATTACHMENTS

I. IMMUNIZATION REPORT
II. LAST TERMINAL REPORT
III. MEDICAL REPORT

E. PARENTS/GUARDIAN PARTICULARS

1. FATHER

I. NAME OF FATHER (FULL): …….
II. OCCUPATION: …….
III. POSTAL ADDRESS: …….
IV. RESIDENTIAL ADDRESS:…….
V. MOBILE: ……EMAIL: ……

2. MOTHER

I. NAME OF MOTHER (FULL): ……
II. OCCUPATION: …….
III. POSTAL ADDRESS: …….
IV. RESIDENTIAL ADDRESS: …….
V. MOBILE: …… EMAIL: ……

3. GUARDIAN

I. NAME OF GUARDIAN (FULL): …….
II. OCCUPATION: …….
III. POSTAL ADDRESS: ……
IV. RESIDENTIAL ADDRESS: ……
V. MOBILE: …… EMAIL: ……

4. CONTACT PERSON (RESPONSIBLE FOR PAYMENT OF FEES)

I NAME OF CONTACT PERSON (FULL): ……

II. OCCUPATION: ……

III. POSTAL ADDRESS: ……

IV. RESIDENTIAL ADDRESS: …….
V. MOBILE: …… EMAIL: ……

I ……(Parent/Guardian) Agree to pay a non-refundable entry deposit. (Fee deposit less Administrative cost is refundable only when at least one month's written notice is given prior to the date of re-opening).

Any decision to withdraw a child before HE / She completes J.H.S 3 without a term's intent notice will lead to payment of a full term's fee without three (3) months prior notice.

Signature: ……. Date: ……