

1, Abba Johnson Crescent
Off Adeniyi Jones, Ikeja, Lagos
info@loveworldschool.org
loveworldschool2011@gmail.com
08033550106, 08085235333



Recent
Passport

LOVEWORLD SCHOOL

SECONDARY SCHOOL ADMISSIONS FORM

STUDENT'S DETAILS

Surname: *(in block capital letters)* _____

First Name: _____ Preferred Name: _____

Middle name(s) : _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Gender: **Male** **Female**

Religion (if Christian, please state denomination): _____

Currently resides with **Both Parents** **Mother** **Father** **Guardian**

Other sibling(s) at LoveWorld School:

Name: _____ Class: _____ D.O.B _____

Name: _____ Class: _____ D.O.B _____

Name: _____ Class: _____ D.O.B _____

ENTRY DETAILS

Proposed date of entry: _____ Session/Term: _____

Class: **Year 7** **Year 8** **Year 9** **Year 10** **Year 11**

Living Arrangements: **Day** **Boarding House**

Does your child have any medical conditions/allergies or special educational needs?

(Please give details): _____

This form should be submitted with a non-refundable registration fee of **N10,000** to the Administration office at the School premises, after which an assessment will be conducted for the child.

If you are registering more than one STUDENT, a separate form needs to be completed for each.

PARENTS' DETAILS

MOTHER (Title) Pastor Dcns. Dr. Mrs. Ms. Other Title: _____

_____ Date of Birth (Day & Month): _____

(First & Last Name, please)

Daytime Phone no: _____ Mobile Phone: _____

BB Pin: _____ Social Media: Yookos Facebook Google+ WhatsApp

Occupation: _____ Office Phone: _____

Residential Address: _____

Email Address: _____

Business Address: _____

FATHER (Title) Pastor Dcn. Dr. Engr. Mr. Other Title: _____

_____ Date of Birth (Day & Month): _____

(First & Last Name, please)

Daytime Phone no: _____ Mobile Phone: _____

BB Pin: _____ Social Media: Yookos Facebook Google+ WhatsApp

Occupation: _____ Office Phone: _____

Residential Address: _____

Email Address: _____

Business Address: _____

GUARDIANS' DETAILS (Not applicable)

(Title) Pastor Dcn. Dcns. Dr. Engr. Mr. Mrs. Other Title: _____

(First & Last Name, please) _____

Daytime Phone no: _____ Mobile Phone: _____

Residential Address: _____

Email Address: _____

Business Address: _____

EMERGENCY CONTACT DETAILS [Other than Parent or Guardian]

(Title) Pastor Dcn. Dcns. Dr. Engr. Mr. Mrs. Other Title: _____

(First & Last Name, please) _____

Mobile Phone: _____ Office Phone: _____

Relationship to STUDENT: _____

PREVIOUS SCHOOL DETAILS

Name of School: _____

Location: _____ Current Class: _____

Head teacher's Name: _____ Phone No: _____

How did you hear about LoveWorld School? Word of mouth, fliers, newspaper advertisement, Teacher/Staff recommendation (*please specify*):

Declaration

I/We request that the name of our above-named student be registered as a prospective student. I/We understand that the terms and conditions of the school will undergo reasonable changes from time to time, as circumstances require, and will comply in all our dealings with the school.

Mother's Signature _____ **Date** _____

Father's Signature _____ **Date** _____

If applicable:

Guardian's Signature _____ **Date** _____

This application should be submitted with the following documents:

- 1. Photocopy of Student's birth certificate
- 2. Evidence of Student's immunization
- 3. Two passport sized photographs (with name of Student written behind)
- 4. Last report from Student's previous school/Transfer/School Leaving Certificate
- 5. Medical report from Family Physician or Government hospital.

FOR OFFICIAL USE ONLY

Registration No: _____ Admission No.: _____

Registration Date (purchase of application): _____

Head Teacher's Interview: _____

Placement of Child Into Year: _____

Head Teacher's Signature and Date: _____