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 □ Dcn. □ Dr. □ Mrs. □ Ms. □ Other Title: _________________
(First & Last Name, please) Date of Birth (Day & Month): ___________
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: _________________
(First & Last Name, please) Date of Birth (Day & Month): ___________
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. □ Dcn. □ 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: ____________________________