



THE SUPERKIDS SCHOOLS

- Challenging ourselves to be the best we can be.....

SCHOOL I: 63, Osundairo Street, Iyana Ipaja, Lagos State.

SCHOOL II: 57, Oyewole Road, Iyana Ipaja, Lagos State.

Tel: 08029411505 Email: classicssuperkidsschool@gmail.com

APPLICATION FOR ADMISSION

00189

SURNAME

FORENAMES

DATE OF BIRTH MALE/FEMALE

NATIONALITY RELIGION

PROPOSED ENTRY YEAR ENTRY LEVEL

NAME OF FATHER

OCCUPATION

OFFICE ADDRESS

E-MAIL

HOME ADDRESS TEL

TEL

NAME OF MOTHER

OCCUPATION

OFFICE ADDRESS

E-MAIL

HOME ADDRESS TEL

TEL

WHO WILL PAY SCHOOL FEES & OTHER EXPENSES

SCHOOL ATTENDED DURING THE LAST YEAR

ONE CLOSE CONTACT (NEAR THE SCHOOL)

NAME

ADDRESS

A non-refundable fee will be charged for each application.

Please complete the application form and return to the Head of School.

Application must be accompanied by a copy of the Birth Certificate, Two recent Passport pictures and previous school report.

Please note that registration does not guarantee admission.

All admissions are on merit and are contingent upon available space.

I have read the conditions of admission and should my child be admitted,

I agree to conform to the School rules and regulations.

SIGNED DATE

OFFICE USE ONLY

REG. NO SCHOOL HOUSE

ADMITTANCE DATE REG. FEE RECEIVED

MEDICAL INFORMATION

- A. Does your child/ward have the SS genotype? YES NO
- B. Is your child/ward asthmatic? YES NO
- C. Has your child/ward any of the following conditions:
Eye Defect Ear Problem Nose Problem None
- D. Has your child/ward any other medical condition or form of allergy that the school should know about? YES NO
- E. Has your child/ward ever been diagnosed as having specific learning difficulties such as Dyslexia, ADHD or any other? YES NO
- F. Has your child/ward been immunized against the following?

- | | |
|---------------|--------------------------|
| 1. BCG | <input type="checkbox"/> |
| 2. Small pox | <input type="checkbox"/> |
| 3. Polio | <input type="checkbox"/> |
| 4. Tetanus | <input type="checkbox"/> |
| 5. Measles | <input type="checkbox"/> |
| 6. Hepatitis | <input type="checkbox"/> |
| 7. Meningitis | <input type="checkbox"/> |

(Please attach proof of immunization)

- G. In an emergency
Your Doctor's name
Address
Tel
- H. In an emergency, do you permit us to take your child to the hospital affiliated with the school?
YES NO

Father's Signature & Date

Mother's Signature & Date

*If your child has a fever, diarrhoea or any form of infection (chicken pox, measles, small pox), kindly keep him/her at home for speedy recovery and safety of other students.