



GR8 Schools

13 Bennie Ikhen Close , Graceland Estate, Lekki-Epe Expressway, Lagos, Nigeria

Tel: 08158111000; 08056046060

Website: www.gr8schools.org E-mail: info@gr8schools.org

REGISTRATION FORM

PLEASE COMPLETE THE FORMS IN BLACK INK SINCE THEY WILL HAVE TO BE PHOTOCOPIED

SURNAME OF PUPIL: _____

OTHER NAMES: _____ GENDER: _____

DATE OF BIRTH: _____ AGE: _____ RELIGION: _____

HOME ADDRESS: _____

NATIONALITY _____ STATE OF ORIGIN: _____ LOCAL GOVT: _____

YEAR OF ADMISSION: _____

PREVIOUS CLASS: _____

PREVIOUS SCHOOL(S) ATTENDED WITH DATES:

SPECIAL INTERESTS OR ABILITIES OF THE PUPIL: _____

ARE THERE ANY SPECIAL MEDICAL CIRCUMSTANCES THE SCHOOL SHOULD BE AWARE OF? _____
IF YES, PLEASE INDICATE OR PROVIDE US WITH DETAILS ON AN ACCOMPANYING LETTER

HAS YOUR CHILD BEEN ASSESSED FOR ANY SPECIFIC LEARNING SUPPORT REQUIREMENT(S)?: _____
IF YES PLEASE INDICATE: _____

HAS YOUR CHILD BEEN RECEIVING EXTRA ONE-TO-ONE SUPPORT OR SMALL GROUP TUITION?: _____
IF YES PLEASE INDICATE: _____

DOES YOUR CHILD HAVE AN EDUCATIONAL PSYCHOLOGIST'S REPORT?: _____
IF YES PLEASE ENCLOSE A COPY WITH THIS APPLICATION FORM

ANY PHYSICAL DEFECTS?: _____

OTHER RELEVANT INFORMATION: _____

Please attach 2 current
passport sized
photographs with the
child's name written
on the reverse side

PARENT/GUARDIAN

FATHER'S FULL NAME (Prof/Dr/Mr/Other) _____

PROFESSION: _____

NATIONALITY: _____ TEL(S): _____ EMAIL: _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

MOTHER'S FULL NAME (Prof/Dr/Mrs/Other): _____

PROFESSION: _____

NATIONALITY: _____ TEL(S): _____ EMAIL: _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

GUARDIAN IN NIGERIA (IF PARENTS LIVE ABROAD)

FULL NAME (Prof/Dr/Mr/Other): _____

PROFESSION: _____ RELATIONSHIP TO CHILD: _____

NATIONALITY: _____ TEL(S): _____ EMAIL: _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

PLEASE INDICATE BELOW THE MARITAL STATUS BETWEEN THE MOTHER AND FATHER

<input type="checkbox"/>	SINGLE	<input type="checkbox"/>	MARRIED (TO EACH OTHER)	<input type="checkbox"/>	SEPARATED
<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>	WIDOWED		
<ul style="list-style-type: none">• IN THE CASE OF DIFFERENT ADDRESSES, CORRESPONDENCE WILL BE SENT TO BOTH• IN THE CASE ON ONLY ONE PARENTAL CONTACT (as ordinarily 2 signatures are required on the Application Forms)					

HOW DID YOU HEAR ABOUT GR8 SCHOOLS?

<input type="checkbox"/>	INDEPENDENT SCHOOL DIRECTORY	<input type="checkbox"/>	SIBLING	<input type="checkbox"/>	LOCAL KNOWLEDGE		
<input type="checkbox"/>	FRIENDS/RELATIVE	<input type="checkbox"/>	PRESS ARTICLE/TV/RADIO	<input type="checkbox"/>	ADVERTISEMENT	<input type="checkbox"/>	INTERNET

Please note that any information you give will be treated confidentially

PLEASE REMEMBER TO ENCLOSE THE FOLLOWING WITH THE APPLICATION FORM:

- SCHOOL FEES BANK TELLER
- A PHOTOCOPY OF YOUR CHILD'S BIRTH CERTIFICATE.
- A PHOTOCOPY OF YOUR CHILD'S LATEST SCHOOL REPORT
- TWO (2) PASSPORT PHOTOGRAPHS
- PHOTOCOPY OF THE COVER LETTER

We give permission for photographs taken while at school to be used for school marketing purposes e.g website, banner, prospectus

Yes No

Terms and Conditions

1. Fees are payable in advance. Any payment after the first class of the new month will be subject to a charge being added to the account for late payment. Early payments may be subject to a discount.
2. Cheques should be made payable to GR8 Solutions Ltd unless otherwise advised. Should a cheque not be honoured, the School reserves the right to make an additional charge to defray the costs of administration. Refunds will only be made if the School has to cancel the class for any internal reason, this does not include any act of God such as the weather.
3. Half a term's notice is required for termination of lessons or a half-term's fees will be charged in lieu of notice.
4. The Head of School reserves the right to terminate the tuition of any student at any time should they consider that satisfactory progress is not being made, or should the conduct of the student be considered to justify this. NO REFUND of fees will be made in this case.
5. Enrolments are accepted at any time of term as long as vacancies exist in the class. Notification will be given if the class is full and your name will be placed on the waiting list, should you so wish.
6. It is GR8 Schools' policy to limit the numbers in classes to encourage maximum development and achievement of each student.
7. The School has the right to change the timetable as it sees fit, although the School will make efforts not to disrupt students' schedules as much as possible. The School will not make refunds if a student cannot make the new time.
8. Enrolment will not be accepted for any class from a prospective student who is receiving tuition elsewhere in the same subject without the knowledge and written consent of their teacher.
9. During classes, some physical contact may be necessary by a teacher to guide or demonstrate to the pupil.
10. Although every care will be taken to safeguard your child during classes and until they are collected at the end of their class, the prime responsibility for their prompt collection and care outside the classroom must remain with the parent or guardian.
11. The School will not accept responsibility for the loss or damage of any personal property. To assist in the return of lost property, it is recommended that all items be clearly marked.

DECLARATION

We request that our child named above be registered as a prospective student. We 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. We therefore declare that the information furnished by us is correct.

First Signature: _____

Second Signature: _____

Full Name: _____

Full Name: _____

Relationship to the Child: _____

Relationship to the Child: _____

Date: _____

Date: _____

FOR OFFICIAL USE ONLY

RECEIPT NUMBER:

AMOUNT PAID:

DATE OF PAYMENT:

DATE FORM RETURNED:

FORM NUMBER: