



...home school experience for the child
you love

APPLICATION FORM

10 Akin Leigh Crescent
Off Wole Olateju Crescent, Lekki Phase 1, Lagos
Tel: 0809 179 5317; 0813 353 1574
www.leighhouseschool.com.ng
info@leighhouseschool.com.ng

Attach 2 up-to-date
passport
Photograph

Academic Year _____ Month _____ Date of Submission _____

Year of Entry: (please tick appropriately) Age 1½ -5 Age 5 – 7 Age 7 – 11

Please enter your child's details:

Surname:

Child's Name:

Date of Birth:

DD

MM

YYYY

Gender: (please tick appropriately) Male Female

Address (Home):

Nationality:

Religion:

Does your child have any Special Needs?
(e.g.. physical disability, autism, poor sight, ADHD, etc)

Name & Address of last school attended:

Name of Head Teacher:

Contact details:

Father's details

Father's Name:

Profession:

Father's Home Address:

Tel. (home)

Mobile

E-mail:

Father's Company Name & Address:

Tel. (office)

E-mail (work)

Mother's details

Mother's Name:

Profession:

Mother's Home Address:

Tel. (home)

Mobile:

E-mail:

Mother's Company Name & Address:

Tel. (office)

E-mail (work)

Health Record

Please tick the Vaccination already given to your child with dates:

BCG

Measles

Small pox

Polio

Tetanus

Whooping cough

Does your child have any allergies? (If yes, please state)

Yes

No

Who does the child live with? (please tick)

Parents (both)

Father

Mother

Others _____

How did you hear about our school?

If my child is admitted, I agree to conform to the rules and regulations of the school.

Name & Signature of Parents/Legal Guardian

_____ Name

_____ Signature

Date: _____

This form should be completed and returned to the Admission Office

All application forms must be accompanied with

- a copy of the child's birth certificate
- two recent Passport Photographs.
- photocopy of the child's immunization card

For Office Use Only

Date of Admission

Pupil's No.

Year level Admitted into

--	--	--	--