



LONGFORD INTERNATIONAL SCHOOL

Website: www.longfordinternationalschool.com

APPLICATION FOR ADMISSION

Longford International School
40-46 Kano Street (East)
Ebute –Metta, Lagos.
Tel: 08062841060
facebook: longford international school official
Mail: longfordschools@gmail.com

Insert pictures here

Term: _____ Year: _____

I wish my child to be admitted to the crèche/pre-school/junior school/senior school (please delete as applicable)

Name of Child (Surname first): _____

Date of Birth: _____ Place of Birth: _____

Age: _____ Sex: _____ Nationality: _____

Religion: _____ State of Origin: _____

Present School (If any): _____

Intended Date of Entry: _____

Boarding/Day: _____

Father's Name: _____

Occupation: _____

Home Address: _____

Home Tel: _____ Office/Mobile [Tel:](#) _____

Fax: _____ Email: _____

Father's Name: _____

Occupation: _____

Home Address: _____

Home Tel: _____ Office/Mobile [Tel:](#) _____

Fax: _____ Email: _____

The management has the right to acquire the removal of any pupil whose conduct is unacceptable or whose work is not of a satisfactory standard. Also the school reserves the right to ask a parent to withdraw their child if the parent is unable to maintain a courteous and constructive relationship with school/staff. The management reserves the right to give disciplinary measure as deemed appropriate.

I _____ having read and understood the contents of this contract, agree to be bound by the rules, terms and conditions affecting pupils and parents of this institution.

Signed

FULL NAME: _____

SIGNATURE: _____ Date _____

MEDICAL QUESTIONNAIRE FOR PUPILS

Child's Name: _____ Date: _____

Date of Birth: _____ Doctor's Address: _____

Tel No : _____ Home Doctor: _____

Email Address: _____

GIVE DETAILS OF IMMUNIZATION/VACCINATION	PRIMARY	BOOSTER	RECOMMENDED BOOSTERS		
DPT				Child's blood group	
POLIO			10 Yearly	Father's blood group	
B.C.G				Mother's blood group	
Measles/Mumps/Rubella					
Anti Rabies Vaccination			3 Yearly	Does your child wear glasses	Yes/No
Typhoid/paratyphoid			3 Yearly	Date of last eye test	
Pneumococcal			5-10 Yearly	Does child have spare	Yes/No
Haemophilus influenzae					
Hepatitis A				Any Dental problems	Yes/No
Hepatitis B				Date of last visit	
Meningitis ACY 135Y			3 Yearly		
Yellow Fever			10 Yearly		

Give Details of Any Other Diseases

Asthma/Eczema/Hay Fever	
Fits/Convulsion/Faints/Dizzy Spells/Migraine	
Recurrent ear infection/deafness/frequent sore throats/nasal obstruction	
Tuberculosis	

Points to be observe when submitting completed Application Form:

1. Forms must be properly filled and returned with the following attachments:
 - (a) Photocopy of the child's Birth Certificate
 - (b) 4 Passport size photographs of the child
 - (c) Previous Academic report sheet (in case of transfer)
2. Completed form may be returned on or before _____
3. **ONLY SELECTED APPLICATION WILL BE NOTIFIED.**
4. **THE SIGNING OF THIS FORM IMPLIES:**
 - (a) Obligation to pay fees at the commencement of the term
 - (b) Obligation to perform other duties expected of the parents by the school.

NOTE: Interview dates will be communicated to you via e-mail, sms, phone calls etc OR at the point of submission.