



CRESCENT SCHOOLS

(NURSERY, PRIMARY & COLLEGE)

1004 HOUSING ESTATE, VICTORIA ISLAND, LAGOS. Tel: 08051817805

www.thecrescentschools.com, e-mail address: info@thecrescentschools.com

APPLICATION FORM NO: CS/ADM/20__ / /

A. PROSPECTIVE STUDENT'S DATA:

Affix a Passport
Photograph here

Name (Surname): _____, Other Names: _____

Nationality: _____, State of Origin: _____, Place of Birth: _____

Date of Birth: Day _____, Month _____, Year _____. Gender: Male or Female _____

Present School: _____, Present Class: _____.

Class Applied for: _____

Reason(s) for transfer, if applicable:

Residential Address:

B. PARENTS' INFORMATION:

Father's Name: _____ . Occupation: _____

Phone: _____ . E-mail: _____

Mother's Name: _____ . Occupation: _____

Phone: _____ . E-mail: _____

Contact Address:

Name and Address of Guardian, if applicable:

Occupation: _____

Phone: _____ E-mail: _____

I, _____ hereby affirm that the above information is conscientiously stated.

Parent's Signature & Date.

Head of Schools' Sign. & Date.

Additional Information

Please provide us with details of: any medical condition, health condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child; any behavioural, emotional and or social difficulty of your child.

In a situation whereby your child is certified free of any form of illnesses, a signed report by a medical practitioner should be submitted along with the downloaded form.

We assure you that information supplied shall be treated with confidentiality.

For more information, kindly call the Admission Officer on 08051817805.