SIBLINGS

NAME	SCHOOL ATTENDED	AGE
1		
2		
3		
4		

MISCELLANEOUS

HOW DID YOU HEAR ABOUT THE POTTERSLAND SCHOOL?

NEWSPAPER ☐ WEBSITE ☐ SOCIAL MEDIA ☐

WORD OF MOUTH/REFERRAL
(Please state name and Phone No) ☐

OTHER *(please specify)* ☐

DECLARATION

I/We request that our above named child be enrolled as a prospective pupil. I/We understand that the terms and conditions of the school will undergo reasonable changes from time to time as circumstances demand and will apply in our relations with the school. I/We understand that the school may obtain, process and hold personal data about our child including medical information and we consent to this for the purpose of evaluation and, if a place is offered, in order to protect and promote the welfare of our child.

X_____ X_____

Father's Signature & Date **Mother's Signature & Date**

ENCLOSURES

Please return the duly completed form with the following documents and note that the originals will be required for sighting:

1. *Birth certificate*
2. *Immunization Record*
3. *Previous term's school report*
4. *Transfer certificate or transcript (where applicable)*
5. *Two (2) recent Passport photograph of child*
6. *One (1) recent Passport photograph of each parent.*

FOR OFFICIAL USE ONLY

Date Received: _____/_____/_____ Date of Assessments:_____/_____/_____

Remarks: ☐

Offer Admission? Yes ☐ No ☐

Name:_____ Signature:_____

Headteacher's Signature: _____Date_____

Please notify the school of any change to the information provided via info@potterslandschool.com

No:001

ADMISSION FORM

SURNAME: _____

OTHER NAMES:_____

REGISTRATION No: _____

DATE OF ENROLMENT:_____

The Pottersland School

Dreamworld Africana Way
KM 20, Lekki-Epe Expressway
Lekki, Lagos
t: 0909 040 6699
e: info@potterslandschool.com
w:www.potterslandschool.com

CHILD'S INFORMATION

AFFIX CHILD'S PASSPORT PHOTOGRAPH HERE

SURNAME

FIRST NAME

OTHER NAMES

WHAT DO WE CALL HIM/HER?

GENDER: MALE ☐ FEMALE ☐ DATE OF BIRTH: dd dd m m m y y y y

PLACE OF BIRTH | COUNTRY OF BIRTH

NATIONALITY | STATE OF ORIGIN *(If Nigerian)*

RELIGION | ETHNICITY

FIRST LANGUAGE | OTHER LANGUAGES

PREVIOUS SCHOOLS ATTENDED (*where applicable*)

1. PRESENT SCHOOL | CLASS

ADDRESS

2. NAME | CLASS

ADDRESS

HEALTH/MEDICAL HISTORY

BLOOD GROUP | GENOTYPE

ANY KNOWN DISABILITITY/ALLERGY? YES ☐ NO ☐

IF YES, STATE

OTHERS *(Please specify)*

SPECIAL INSTRUCTION FOR MEDICAL CARE

FAMILY INFORMATION

NATURE OF FAMILY *(please tick)* | NUMBER OF SIBLINGS

SINGLE PARENT ☐ MONOGAMOUS ☐ DIVORCED ☐ SEPARATED ☐ POLYGAMOUS ☐

FATHER

NAME | DATE OF BIRTH

NATIONALITY | OCCUPATION

COMPANY NAME AND ADDRESS

DESIGNATION

TELEPHONE

RESIDENTIAL ADDRESS

TELEPHONE

PREFERRED EMAIL

MOTHER

NAME | DATE OF BIRTH

NATIONALITY | OCCUPATION

COMPANY NAME AND ADDRESS

DESIGNATION

TELEPHONE

RESIDENTIAL ADDRESS

TELEPHONE

E-MAIL

EMERGENCY CONTACT

NAME | RELATIONSHIP TO STUDENT

RESIDENTIAL ADDRESS

TELEPHONE

E-MAIL