



Since 2000

Laura Stephens

SCHOOL



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LEKKI SCHEME II, LAGOS, NIGERIA

Tel: 0813 702 2005, 0803 302 7456

E-mail: info@laurastephensschool.org

Website: www.laurastephensschool.org

STUDENT APPLICATION FORM

Class Applied for: _____ Session: 20____/ 20____ Form No: _____

Kindly fill in block letters:

1. Student details

Surname (first) _____ First name (please underline name normally used) _____ middle name _____

Gender: Male Female

Date of birth (day/month/year):

Nationality: _____ Proposed year group and year of entry (e.g. Year 7/ 2015): _____

Language (s) spoken : _____ Religion: _____

Current class: _____ Denomination: _____

Present school and address: _____

Name of Head Teacher: _____

E-mail Address: _____ Tel. No.: _____

2. Additional student details

Please give an outline of your child's artistic, dramatic , musical or sporting skills or experience:

3. Contact details

Mother's name (Title: Dr. / Mrs. / Miss/Others): _____

Residential address: _____

Occupation: _____ Nationality: _____ Country of residence: _____

Tel. No. (Office): _____ Tel. No. (Home): _____

Tel. No. (Mobile): _____ E-mail address: _____

Father's name (Title: Dr./Mr./Others): _____

Residential address: _____

Occupation: _____ Nationality: _____ Country of residence: _____

Tel. No. (Office): _____ Tel. No. (Home): _____

Tel. No. (Mobile): _____ E-mail address: _____

4. Further contact information (Please indicate below the marital status between both parents)

Single Married (to each other) Separated Divorced Widowed

a) In case of different addresses ,correspondence will be sent to both.

b) In case of only one parent contact ,please could you provide a brief note of explanation (as ordinary 2 signatures are required on the Application forms):

Check if applicable: Father deceased Mother deceased Father has custody Mother has custody

5. Please indicate with whom the child is mainly resident:

Mother Father both equally

6. Please give an additional emergency contact

Name: _____ Relationship to child: _____

Residential address: _____

Occupation: _____ Nationality: _____ Country of residence: _____

Tel. No. (Office): _____ Tel. No. (Home): _____

Tel. No. (Mobile): _____ E-mail address: _____

7. Guardian in Nigeria if parents live abroad:

Name (Title: Dr. / Mrs. / Miss/ Others): _____ Relationship to child: _____

Residential address: _____

Occupation: _____ Nationality: _____ Country of residence: _____

Tel. No. (Office): _____ Tel. No. (Home): _____

Tel. No. (Mobile): _____ E-mail address: _____

8. Does your child have any learning Support requirement?

Does your child have any learning Support requirement?

Yes No

My child has been assessed for dyslexia and / or specific learning support requirements

Yes No

He/she has been receiving extra one-to-one support or small group tuition

Yes No

He/ she has an Educational Psychologist's report (If yes, please enclose a copy with this Application Form)

Yes No

My child has extra time or other access arrangements in examinations. (Based on report)

Yes No

9. Are there any special medical circumstances the school should be aware of?

Are there any special medical circumstances the school should be aware of?

Yes No

If yes ,please provide us with details on a separate letter.

Kindly enclose with the application form:

1 Child's full birth certificate 2. A photocopy of your child's latest school report

3. Two (2) passport photographs

How did you hear about LauraStephens School

Independent school's directory Sibling Local knowledge Friend/ Relative

Press article / TV / Radio Advertisement Primary school internet

10. 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 purposes of assessment and, if a place is better offered, in order to safeguard and promote the welfare of the child.

(Each of those with parental responsibility must sign and complete below. In the case of only one signatory please complete Question 4b.)

I declare that the information furnished by me is correct.

First signature: _____

Second signature: _____

Printed name in full : _____

Printed name in full : _____

Relationship to the child: _____

Relationship to the child: _____

Date : _____

Date: _____

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

Yes

No

Please note that early application is recommended. Applications will be considered in the order they are received .

Offers of places are subject to availability and the admission requirements of the school at the time. A copy of the current admissions Policy and Terms and Conditions is available on our website.

On completion, please return this form to: Admission Officer @:

LauraStephens SCHOOL

Laurastephens Road, Lekki Scheme II

Tel: 0813 702 2005, 0803 302 7456

E-mail: info@laurastephensschool.org

Website: www.laurastephensschool.org

FOR OFFICE USE ONLY

Form No:

Receipt no: _____

Amount paid: _____

Date of payment: _____

Date Form returned: _____