



Since 2000
Laura Stephens
SCHOOL



LEKKI SCHEME II, LAGOS.
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ENROLLMENT DATA

Kindly fill in block letters:

1. CHILD INFORMATION

Surname (first) _____ First name (tick the name often used) _____ Middle name _____

Gender: Male Female Date of birth (day/month/year) Age

Nationality: _____ State of origin: _____

Religion: _____ Denomination: _____

Previous school (most recent if any): _____

2. PARENTS DETAILS

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

Occupation: _____ Date of Birth (Day & Month): _____

Residential Address: _____

Nationality: _____ Tel No.(office): _____

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

E-mail: _____

Father's name (Title: Dr. / Mrs. / Miss/ others): _____

Occupation: _____ Date of Birth (Day & Month): _____

Residential Address: _____

Nationality: _____ Tel No.(office): _____

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

E-mail: _____

Vision: To be recognized internationally as the school of first choice for discerning parents, who value superior educational performance, with local relevance in a world class environment.

3. ADDITIONAL EMERGENCY CONTACT

a. Name: _____ Relationship with child: _____

Residential Address: _____

Occupation: _____ Nationality: _____

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

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

4. GUARDIAN IN NIGERIA (IF PARENTS LIVE ABROAD)

Name: _____ Relationship to child: _____

Residential address: _____

Occupation: _____ Nationality: _____

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

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

5. PLEASE TICK BELOW THE MARITAL STATUS BETWEEN BOTH PARENTS:

SINGLE MARRIED (TO EACH OTHER) SEPARATED DIVORCED WIDOWED

6. PLEASE INDICATE WITH WHOM CHILD IS MAINLY RESIDENT:

Mother Father both equally

7. Have you any past or current family connections with LAURASTEPHENS (including children registered or in the school) YES/NO?

If yes, please give details

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8. CHILD' S HEALTH AND SOCIAL RECORD

The child's Hospital's name: _____ Card No: _____

The Child's Doctor's name: _____ Tel. No. : _____

Does your child have an existing condition of which LauraStephens should be aware? YES NO

Explain:

Does your child have any known allergies; food, medicines, drinks, etc? YES NO

Specify:

Does your child have a special or restricted diet or eating difficulties? YES NO

Explain:

Does your child rest in the middle of the day? YES NO

Explain:

Is your child toilet trained?

YES NO

Explain:

Does your child require any medication, therapy or any treatment while in school?

YES NO

Explain:

Any other information?

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FATHER'S NAME	SIGNATURE	MOTHER'S NAME	SIGNATURE	DATE

For any medical/emergency case:

In the event that (child's name) should become ill or injured during school hours and needs urgent medical attention, I give consent to LAURASTEPHENS SCHOOL to first attempt to contact me or my surrogate. In the event that we are both unavailable, I hereby permit the Administrator or her delegate to do whatever she considers is in the best interest of my child (ren). This may include giving a specific fever – reducing drug such Paracetamol or any other analgesic. However, where medical attention is deem necessary, the parents are financially responsible for treatment.

Name of Parent/Guardian: Address:

Tel. No. (Mobile): Tel. No. (Office):

Name of surrogate: Address:

Tel. No. (Mobile): Tel. No. (Office):

ADMISSION REQUIREMENTS:

Kindly attach with the application form before submission:

- 1. Previous school report sheet (photocopy)**
- 2. Medical information i.e immunization card (photocopy)**
- 3. 2 recent passport photographs**
- 4. Birth certificate (photocopy)**
- 5. Transfer certificate (photocopy)**

Please note that forms are to be submitted within 1 week of collection.

OUR MISSION: "We deploy high quality educational strategy, driven by passion for excellence, by innovative people and processes that allow the child to be totally equipped to face global survival while experiencing the joy of school".



CODE OF CONDUCT FOR LAURASTEPHENS' PUPILS

- ❖ *All pupils are to resume at 8:am (latest) in their school uniforms or other special dresses as specified for the day, i.e:*

<i>DAYS</i>	<i>PRE-SCHOOL</i>	<i>PRIMARY</i>
<i>MONDAY</i>	<i>GOLDEN TOP/LEAFY-GREEN + BLUE BOTTOM (JEANS/SKIRT/TROUSER)</i>	<i>WHITE/GREY UNIFORM + TIE</i>
<i>TUESDAY</i>	<i>SAME AS MONDAY</i>	<i>P.E WEAR (& TAEKWONDO WEAR FOR PARTICIPANTS)</i>
<i>WEDNESDAY</i>	<i>SAME AS MONDAY (& SWIM WEAR)</i>	<i>WHITE/GREY UNIFORM (& SWIM WEAR FOR UPPER PRIMARY)</i>
<i>THURSDAY</i>	<i>SAME AS MONDAY</i>	<i>SAME AS WEDNESDAY (& SWIM WEAR FOR LOWER PRIMARY)</i>
<i>FRIDAY</i>	<i>P.E WEAR</i>	<i>WHITE/GREY UNIFORM</i>

- ❖ *At the assembly ground, all pupils freeze when the first bell jingles and line up on a single file when the second bell jingles for other assembly information.*
- ❖ *All pupils put their hands at their back as they walk within the school premises.*
- ❖ *All pupils should be polite to visitors and parents that are visiting the school/class by greeting them as they are taught.*
- ❖ *All pupils should be friendly to one another. **NO BULLY IN ANY FORM IS ALLOWED.***
- ❖ *No foul language is allowed at LAURASTEPHENS SCHOOL.*
- ❖ *No pupil is allowed to scream or shout in the classroom/school premises.*
- ❖ *All pupils should obey instructions given by the staff (Teaching and non-teaching) of the school.*
- ❖ *All pupils must do their homework/assignments given by their class/subject teachers. Their homework diaries should be duly checked and signed by parents.*
- ❖ *At closing time, when the bell jingles, all CHRISTIAN pupils are expected to share the Grace before leaving their classrooms.*

WELCOME BACK & HAVE A FANTASTIC SESSION!!!