



# APPLICATION FOR ADMISSION

## Foresight Schools

Lagos: 24 Road, Opposite H Close, Festac Town

Osun: Agbala Daniel, Ile-Ife

Tel: +234 08023308479 Email: foresightschools2017@gmail.com

Website: www.fore-sightschools.com



**KINDLY COMPLETE THE FORM BELOW IN CAPITAL LETTERS**

### STUDENT DETAILS

<b>SURNAME:</b>		<b>OTHER NAMES:</b>	
<b>DATE OF BIRTH:</b>		<b>PLACE OF BIRTH:</b>	
<b>GENDER:</b>		<b>NATIONALITY:</b>	
<b>LANGUAGES:</b>		<b>TELEPHONE:</b>	
<b>ADDRESS</b>			
<b>ANY RELATIVES IN THIS SCHOOL</b>			

### ACADEMIC DETAILS

<b>I WISH TO GAIN ADMISSION INTO:</b>					
<b>DATE START</b>	<b>MONTH:</b>	<b>YEAR:</b>	<b>TERM:</b>		

*PLEASE GIVE DETAILS OF PREVIOUS SCHOOLS ATTENDED*

<b>SCHOOL NAME:</b>		<b>CLASS:</b>		<b>FROM:</b>		<b>TO:</b>	
<b>REASONS FOR LEAVING</b>							
<b>SCHOOL NAME:</b>		<b>CLASS:</b>		<b>FROM:</b>		<b>TO:</b>	
<b>REASONS FOR LEAVING</b>							
<b>SCHOOL NAME:</b>		<b>CLASS:</b>		<b>FROM:</b>		<b>TO:</b>	
<b>REASONS FOR LEAVING</b>							

## STUDENT MEDICAL DETAILS

<b>HOSPITAL NAME:</b>		<b>TELEPHONE:</b>	
<b>ADDRESS:</b>			
<b>DOCTORS NAME:</b>		<b>TELEPHONE:</b>	
<b>KNOWN ILLNESS:</b>			
<b>EXPLAIN IN ANY HEALTH ISSUES:</b>			

## FAMILY / GUARDIAN DETAILS

<b>FATHER'S SURNAME:</b>		<b>OTHER NAMES:</b>	
<b>PROFESSION:</b>		<b>MOBILE:</b>	
<b>ORGANIZATION:</b>		<b>DESIGNATION:</b>	
<b>EMAIL:</b>		<b>OFFICE TELEPHONE:</b>	
<b>OFFICE ADDRESS</b>			

<b>MOTHER'S SURNAME:</b>		<b>OTHER NAMES:</b>	
<b>PROFESSION:</b>		<b>MOBILE:</b>	
<b>ORGANIZATION:</b>		<b>DESIGNATION:</b>	
<b>EMAIL:</b>		<b>OFFICE TELEPHONE:</b>	
<b>OFFICE ADDRESS</b>			

### DECLARATION

I,..... **CONFIRM TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION PROVIDED IN THIS ADMISSION FORM IS CORRECT AND WITHOUT MISLEADING OR MISINFORMATION.**

ADMISSION PROCEDURE

- A. The completed admission form should be filled and submitted to the school with the following documents should be attached to it. (1.) Student birth certificate, (2.) 3 passport photographs, (3.) child’s immunization card and evidence of payment of a non-refundable application fee.
- B. After the admission form has been processed, the applicant will be administered an assessment test which can be either oral or written based on age.
- C. Results on the test will be announced on the same day of the test date. If application for admission is successful, a place will be offered and the offer must be confirmed within 7 days from the date of offer.
- D. If after 7 days, admission is not confirmed, the child’s place is offered to another candidate.

OFFICIAL USE ONLY

Form Checked By

Application Fee Paid on:

Birth Certificate Checked Yes

Cash:

Photograph Provided Yes

Or POS/Transfer:

Immunization Card Checked Yes

Tuition Fee:

Written Test Pass  Fail:

Registration Fee:

Date:

Child Interviewed By:

Parents Interviewed By:

Acceptance / Rejection: Yes:  No:

Reasons for Rejection:

Accountant Signature

Head of School Signature