APPLICATION FORM

Emead Pride Academy

EMEAD PRIDE CRESENT, GREEN HILL AREA, AWAKA, ANAMBRA

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KINDLY COMPLETE THE FORM BELOW IN CAPITAL LETTERS

STUDENT DETAILS

SURNAME:		**OTHER NAMES:**	
DATE OF BIRTH:		**PLACE OF BIRTH:**	
GENDER:		**NATIONALITY:**	
LANGUAGES:		**TELEPHONE:**	
ADDRESS			
ANY RELATIVES IN THIS SCHOOL			

ACADEMIC DETAILS

I WISH TO GAIN ADMISSION INTO:						
DATE START	**MONTH:**		**YEAR:**		**TERM:**	

PLEASE GIVE DETAILS OF PREVIOUS SCHOOLS ATTENDED

SCHOOL NAME:		**CLASS:**		**FROM:**		**TO:**	
REASONS FOR LEAVING							
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REASONS FOR LEAVING							
SCHOOL NAME:		**CLASS:**		**FROM:**		**TO:**	
REASONS FOR LEAVING							

STUDENT MEDICAL DETAILS

HOSPITAL NAME:		**TELEPHONE:**	
ADDRESS:			
DOCTORS NAME:		**TELEPHONE:**	
KNOWN ILLNESS:			
EXPLAIN IN ANY HEALTH ISSUES:			

FAMILY / GUARDIAN DETAILS

FATHER'S SURNAME:		**OTHER NAMES:**	
PROFESSION:		**MOBILE:**	
ORGANIZATION:		**DESIGNATION:**	
EMAIL:		**OFFICE TELEPHONE:**	
OFFICE ADDRESS			

MOTHER'S SURNAME:		**OTHER NAMES:**	
PROFESSION:		**MOBILE:**	
ORGANIZATION:		**DESIGNATION:**	
EMAIL:		**OFFICE TELEPHONE:**	
OFFICE ADDRESS			

DECLARATION

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

SIGNATURE OF SPONSOR/FAMILY/GUARDIAN

DATE

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 Pain 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**