



# ADMISSION FORM

PASSPORT PHOTO

PLEASE COMPLETE IN BLOCK LETTERS

FULL NAMES SURNAME:..... FIRST :..... OTHERS:.....

DATE OF BIRTH: DAY.....MONTH..... YEAR.....

SEX: MALE  FEMALE

PLACE OF BIRTH:.....

PREVIOUS SCHOOL(S) ATTENDED:.....

CLASS APPLYING:.....RELIGION:.....

NATIONALITY:.....STATE OF ORIGIN:.....

LOCAL GOVERNMENT:.....

## FATHER'S DETAILS:

NAME:.....

PLACE OF EMPLOYMENT:.....

PROFESSION:.....

RESIDENTIAL ADDRESS:.....

CONTACT ADDRESS:.....

TELEPHONE NUMBER:.....

NATIONALITY:.....EMAIL:.....

POSTAL ADDRESS:.....

## MOTHER'S DETAILS:

NAME:.....

PLACE OF EMPLOYMENT:.....

PROFESSION:.....

RESIDENTIAL ADDRESS:.....

CONTACT ADDRESS:.....

TELEPHONE NUMBER:.....EMAIL:.....

NATIONALITY:.....

POSTAL ADDRESS:.....

## OFFICIAL USE

### OFFICIAL REMARKS

Name:.....

Designation:.....

Signature & Date:.....



PLEASE IS THIS CANDIDATE LIVING WITH MOTHER  FATHER  BOTH PARENTS

NAME AND ADDRESS OF CANDIDATE'S PREVIOUS SCHOOLS (IF APPLICABLE)

a).....

b).....

c).....

REASON(S) FOR LEAVING:

.....

**PLEASE, FROM YOUR CHILD'S PREVIOUS SCHOOL ANSWER THE FOLLOWING:**

**(GD-Good; SP -Steady Progress; IN- Introductory)**

	KEY		
	GD	SP	IN
<b>Work Habits</b>			
Does his/her classwork independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help when in need of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude to school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General assessment and exam records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOCIAL HABITS</b>			
Team Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation in group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE, HOW DID YOU GET TO KNOW CRESTFORTH INTERNATIONAL SCHOOL

.....

**OFFICIAL USE**

**OFFICIAL REMARKS**

Name:.....

Designation:.....

Signature & Date:.....



# CONSENT FORM

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## PLEASE TICK (✓) APPROPRIATELY:

WHO PICKS THE CHILD FROM SCHOOL

Please list at least 3 names (Parents/Guardians and one other person) phone numbers & attached passport pictures (not less than 21 years)

NAME.....PHONE NOS: .....

NAME.....PHONE NOS: .....

NAME.....PHONE NOS: .....

CONSENT TO PARTICIPATE IN SPORTING ACTIVITIES  YES  NO

CONSENT TO GO ON EXCURSIONS  YES  NO

CONSENT TO ALLOW {PICTURES} ON THE SOCIAL MEDIA  YES  NO

CONSENT TO ALLOW NAME ON THE SOCIAL MEDIA  YES  NO

AUTHORISED BY :.....

RELATIONSHIP WITH THE PUPIL:.....

SIGNATURE & DATE:.....

Parents'/Guardians passport pictures







## ADMISSION INFORMATION

- 1 For candidates seeking midstream admission, it is advisable to attach the following information, *Academic Results, Continuous Assessment, etc.*
- 2 Please, the following documents must be attached to the Form *(during submission)*:
  - a. 4 copies of recent passport size picture of the candidate
  - b. Candidate's Birth Certificate
  - c. Photocopy of Data page of International Passport or Driver's License or permanent Voters Card or National Identification Card of the candidate's parents / guardians
  - d. Candidate's current school result *(mid-stream admission only)*
  - e. Candidate's Immunization Card
- 3 Placement Assessment holds at the school premises as scheduled
- 4 For further enquiries, please call:  
+234 9064000044 or +234 807 211 2288

Email: [info@crestforth.school](mailto:info@crestforth.school)  
[crestforthschool@gmail.com](mailto:crestforthschool@gmail.com)





PASSPORT  
PHOTO

## MEDICAL FORM

**PLEASE COMPLETE IN BLOCK LETTERS**

FULL NAMES: SURNAME:.....FIRST NAME:..... OTHER NAME:.....

DATE OF BIRTH: DAY:.....MONTH:.....YEAR: .....SEX:  M  F

GENOTYPE:.....

BLOOD GROUP:.....

PLEASE IS YOUR CHILD:

DIABETIC            YES         NO

ASTHMATIC        YES         NO

ANAEMIC           YES         NO

IS YOUR CHILD ALLERGIC TO ANYTHING?

PLEASE SPECIFY

1.....

2.....

3.....

**PERSONAL PHYSICIAN (IF ANY):**

NAME:.....

HOSPITAL/CLINIC ADDRESS:.....

PHONE NUMBER:.....

NAME AND PHONE NUMBER OF WHO TO CONTACT IN CASE OF EMERGENCY

NAME:..... PHONE NUMBER:.....

PARENTS'/GUARDIANS' NAMES:.....SIGNATURE:..... DATE:.....

**OFFICIAL USE**

**OFFICIAL REMARKS**

Name.....

Designation.....

Signature & Date.....