



Affix
Passport
Photograph

St. Jude's Private Schools

"Growing in the Light Of God"

5th Avenue, Festac Town, Lagos. Tel: +234(1)3427764

Email: contact@sjpschools.org Website: www.sjpschools.org

Admission Hotlines: 08023110589, 08060502296

SECONDARY SCHOOL

ADMISSION NO:	
DATE:	

Please complete this form clearly in BLOCK letters

STUDENT'S DETAILS:

Name:.....

Sex: M F Please Tick

Class/Year of Entry: Date of Birth: Place of Birth:.....

Home Address:

Religion: Ethnicity: Class Day Boarding

Any Special Need (s)?

SCHOOLS ATTENDED

Name:..... Year:

City/Country: Class:.....

Name: Year:.....

City/Country: Class:.....

FATHER'S DETAILS

Father's Name (in Full): Alumni Please Tick

Home Address:

Nationality: Tel:..... Mobile:.....

Profession: Religion:

Email:.....

Company Name & Address:

MOTHER'S DETAILS

Mother's Name (in Full): Alumni Please Tick

Home Address:

Nationality: Tel:..... Mobile:

Profession: Religion:

Email:

Company Name & Address:

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GUARDIAN'S DETAILS

Guardian's Name (in Full): Alumni [] *Please Tick*
Home Address:
Nationality: Tel:..... Mobile:.....
Profession: Religion: Email:
Company Name & Address:
Child Lives With: Father [] Mother [] Both Parents [] Guardian []

OTHER SIBLING(S) AT THE SCHOOL {Name(s) & Class(es)}

Name: Class:.....
Name: Class:.....
Name: Class:
Name: Class:

HEALTH RECORD - This report will be treated strictly in confidence

A. Has he / she suffered from any of the following illnesses?

Please tick and include dates

·Measles ·Chicken pox
·Whooping cough ·Rubella
·Typhoid

B. Please tick the INOCULATIONS already given to the child with dates.

·Small pox ·Measles
·Polio ·Tetanus
·BCG

C. Has the child been given any other vaccination apart from the ones stated Above? Yes / No

If **yes**, please state the type

D. Parent's instruction for medical care in the case of an emergency

.....
.....

Additional information can be attached to this form on a separate sheet of Paper.

Please inform us of your child's special interest and if he/ she has any known Medical conditions, health issues or allergies which you will like us to be Aware of.

ADDITIONAL DETAILS

Links to the school:

Old students Staff Family member Current students Others

Kindly specify:

How did you hear about us? (*please tick*)

Print Television Social media Family/ Friend [].....

PLEASE INDICATE IF IT'S A ST. JUDE'S PARENT

What are your reasons for choosing st. Jude's private schools?

.....
.....
.....

DATE OF RESUMPTION

.....

DECLARATION

I/ we request that the candidate be registered as a prospective Student.
I/we understand the standard 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, offers of places are subject to availability and the relevant admission requirements at the time.

I have read, understood and agree to the conditions set out in the Home / School Agreement and wish to enroll my child.

FIRST SIGNATURE

Name in full:
Relationship to the applicant:
Date:.....

SECOND SIGNATURE

Name in full:
Relationship to the applicant:
Date:.....

Enclosed is a copy of my child's birth certificate & last report (*this will not be returned*)

PLEASE NOTE: Applications without a photocopy of the applicants, birth certificate, last report & two passport photographs will be deemed invalid & therefore cannot be processed.

Please return the completed form to:

**THE ADMISSIONS OFFICER
ST. JUDE'S PRIVATE SCHOOLS
5TH AVENUE, FESTAC TOWN,
LAGOS.**