STUDENT REGISTRATION FORM



	FOR OFFICE USE ONLY				
	Reg. Fee Age at Registration				
	Entry Date Siblings Visit Date				
	Admission No				
1. Child's Last Name:					
First and Middle Names:					
Date of Birth:					
	Nationality State of Origin				
	Proposed Entry Date				
2.	•				
	E-MailOccupation				
	Daytime Telephone Evening Telephone				
3.	Mother's Title, Full Name and Address (if different from above)				
	E-MailOccupation				
	Daytime Telephone Evening Telephone				
4.	Please mention here the names of any other members of the family attending the school or registered for entry, or any other connection with the school				
5.	☐ Our Parents ☐ Students ☐ Teachers ☐ Advertisement (Radio, TV, Handbills)				
	Other (please give details)				

New Hall International School, Chevy View Estate, Off Chevron Drive, Off Udeco Medical Road, Lekki, Lagos, Nigeria

Tel: 01-4530845-7, 07067847977, 08033395673, 08122212771

Website: www.newhallschool.com.ng
Email: info@newhallschool.com.ng



6.	Does the child have any siblings (other than mentioned at 4. overleaf)? Name(s)/Date(s) of Birth	
7.	Please state the name and address of present school (with dates) Name of Head.	
8.	Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (if applicable)	
9.	Please give an outline of your child's other hobbies or interests	
10.	Please provide details of any medical condition (including allergies), learning difficulty or disability which we should be made aware (if applicable)	
11.	Class to be admitted to	
Note: Early registration is recommended. Registrations will be considered subject to availability and the admission requirements of the School at the time when places are offered. A copy of the		

Note: Early registration is recommended. Registrations will be considered subject to availability and the admission requirements of the School at the time when places are offered. A copy of the current version of the standard terms and conditions will be supplied on request. It should be noted that the acceptance deposit is required at the time of signing the Acceptance Form.

DECLARATION

We request that the name of my/our above-named child be registered as a prospective pupil. Proof of payment for the non-returnable registration fee of N300,000.00 is enclosed. We understand that the standard 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. We understand also that the school (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

First Signature	Second Signature	
•	Name in full	
Relation to the Child	Relation to the Child	
Date	Date	

New Hall International School, Chevy View Estate, Off Chevron Drive, Off Udeco Medical Road, Lekki, Lagos, Nigeria

Tel: 01-4530845-7, 07067847977, 08033395673, 08122212771

Website: www.newhallschool.com.ng Email: info@newhallschool.com.ng



MEDICAL HISTORY

NAME			
DATE OF BIRTH		TOWN & COUNTRY OF BIRTH	ł
ADDRESS			
NAME AND ADDR	RESS OF DOCTOR		
NAME AND ADDR	RESS OF DENTIST		
DETAILS OF SERI	OUS ILLNESS/OPER	ATIONS & DATES	
		GENOTYPE	
DISABILITIES	•••••		
ALLERGIES	•••••		
•••••			
VACCINATION &			
			T
Vaccine	Date	Vaccine	Date
PARENT/GUARDIA	AN		
SIGNED		DATF	

New Hall International School, Chevy View Estate, Off Chevron Drive, Off Udeco Medical Road, Lekki, Lagos, Nigeria

Tel: 01-4530845-7, 07067847977, 08033395673, 08122212771

Website: www.newhallschool.com.ng
Email: info@newhallschool.com.ng





My Child at Home

Name of child						
Date of birth						
My child's favourite food is	My child's favourite toys are					
My child makes me smile when	My child's favourite play mates are					
My child finds it hard to	My child needs					
I will be pleased when my child can						
I think it would help you to know						
Signed(Parent/Guardian) Date						

1. ADMISSION REQUIREMENT

Completed admission form to be returned with child's:

- 2 passport photographs
- A copy of birth certificate
- Last report sheet (result) from the child's former school
- A proof of Immunization

2. ADMISSION PROCEDURE

After the completed admission form has been submitted, the child will be tested. A pass in the assessment is needed for an admission letter to be issued after which tuition payment can be made and class allocated.

New Hall International School, Chevy View Estate, Off Chevron Drive, Off Udeco Medical Road, Lekki, Lagos, Nigeria

Tel: 01-4530845-7, 07067847977, 08033395673, 08122212771

Website: www.newhallschool.com.ng Email: info@newhallschool.com.ng