

# STUDENT REGISTRATION FORM

FOR OFFICE USE  
ONLY

Ent. Exam Date..... Age at  
Entry Date..... Siblings..... Visit  
Date.....

1. **Child's Last**

**Name:**.....  
.....

**First and Middle Names:**.....  
Male/Female.....

.....  
(Please underline the name generally used)

Date of Birth:.....  
Religion.....  
(Please send Birth Certificate)

Nationality ..... State of  
Origin.....

**Proposed Entry**

**Date:**.....  
...

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2. **Father's Title, Full Name and**

**Address:**.....  
.....  
.....

..... E-Mail.....

Occupation..... Daytime

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Telephone..... Evening

Telephone.....

3. **Mother's Title, Full Name and Address** (if different from  
above).....

.....  
.....

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

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

Website: [www.newhallschool.com.ng](http://www.newhallschool.com.ng)

Email: [info@newhallschool.com.ng](mailto:info@newhallschool.com.ng)

.....  
.....  
E-Mail.....

Occupation..... Daytime

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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

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5. How did you first hear about the school?

☐ Our Parents    ☐ Students    ☐ Teachers    ☐ Advertisement (Radio, TV, Handbills)

Other (please give details)

.....

- 
6. Does the child have any siblings (other than mentioned at 4. overleaf)?

Name(s)/Date(s) of Birth

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.....  
.....

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7. Please state the name and address of present school (*with dates*)

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.....  
..... Name of  
Head.....  
.....

- 
8. Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (*if applicable*)

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9. Please give an outline of your child's other hobbies or interests

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10. Please provide details of any medical condition (including allergies), learning difficulty or disability which we should be made aware *(if applicable)*

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11. **Class to be admitted to**

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**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..... Name in  
full.....

Relation to the Child..... Relation to the  
Child..... Date.....

Date.....

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# MEDICAL HISTORY

NAME.....

.....

DATE OF BIRTH..... TOWN & COUNTRY OF  
BIRTH.....

ADDRESS.....

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NAME AND ADDRESS OF DOCTOR

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NAME AND ADDRESS OF  
DENTIST.....

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DETAILS OF SERIOUS ILLNESS/OPERATIONS &  
DATES.....

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BLOOD GROUP..... GENOTYPE

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DISABILITIES.....

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ALLERGIES.....

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VACCINATION & DATES

Vaccine	Date

Vaccine	Date

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PARENT/GUARDIAN.....  
.....

SIGNED.....

DATE.....

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## My Child at Home

Parents can become involved by completing a 'My Child at

Home Form.

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.

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