

APPLICATION FOR NEW ADMISSION

Please use the checklist below as a guide and submit all required documents for your child to be considered for enrollment. Application submitted without required documents will not be accepted. Both parents are required to sign the application form. Students will not be allowed to attend the first day of class until all documents/forms are submitted and confirmation email is sent out.

Documents Required		T	ick
Completed and Signed Admiss	sion Form		
Completed Photo usage form			
Completed pick-up authorisation	on form		
Complete and signed parental	involvement form		
Two recent passport photograp	ohs		
Copy of Birth Certificate			
Copy of the last 2 years Acade	emic Report		
Reference form (Secondary so	chool only):		
	STUDENT INFORMATION		
Student's Name:			Expected
			Start Date:
Surname	First	Middle	
State of Origin:	LGA:	Place o	of birth:
Date of Birth:	Religion:	Sex:	
Class to which admission is be	ing sought:	<u> </u>	Present
			Class:
Home address:			
	PREVIOUS SCHOOL INFORMATI	ON	
Name of School:			
Address:			
From:	To:		
Phone number:			
Email address:			
	FAMILY INFORMATION		
Father's Name:		Phone n	umber:
Surname	First		
Address:			
Email address:		Occupation	



Mother name:		Ph	Phone number:	
Surname First				
Address:				
		1		
Email address:		Oc	cupation:	
Siblings:	0.1 1		v	
Name	School		Year group	
ME	DICAL INFORMATION			
Does your child have any known medical conditional figure of the second	tion(s)? NO YES			
Does your child have any allergic reaction to an Medications: No Yes Reaction:	y of the following?			
Food : No Yes Reaction:				
Insect Bite: No Yes Reaction:				
Other: No Yes Reaction:				
Are any of the above allergies severe or life-three	eatening? NO YES	If ye	s, please explain:	
Is there any other thing/information you have no If yes, please explain:	ot disclosed? NOYES			



In addition to students' academic success, the health and safety of our students is of utmost importance to us. The school clinic assists in administering prescribed medication to our learners. To do so, the school must receive initial authorization from the parent. At the end of the school day the parent must pick up the medication from the school. No medication may be left overnight. Please contact the school if you should have any questions.

I hereby authorize				
all necessary emergency medical and First Aid care to my o	child while he/she			
is in the care of the school.				
Signature: Date	e:			
EMERGENCY I	INFORMATION			
Emergency Contact Person (Other than parents):	Relationship to Student:			
Name:				
Address:	Phone Number:			
Emergency Contact Person (Other than parents): Name:	Relationship to student:			
ivanic.				
Address:	Phone Number:			
Iow did you hear about our school?				
hereby attest all inform	nation in this application to be true and up to date. If m			
hild is admitted, I agree to conform to the policies and regu				
, g , v	•			



PERMISSION FOR USE OF IMAGES

Taqwa is a family. How else will we project our success except through our family? Our children remain our ambassadors to the world, our assets to the Islamic space.

Occasionally, we may take photographs of Taqwa Schools' children to project their achievements and successes. This is done through printed publications, online media platforms, video recordings to celebrate our school activities and other educational uses. Sometimes our School is visited by reputable media houses, who may take photographs or make video footages of visiting dignitaries or high-profile events. Students often appear in these pictures published in local or national newspapers, websites or on televised news programmes.

In compliance with relevant laws and policies, we need your permission before we can publish your child's picture in any media platform. Kindly indicate your consent or objection to the image or picture of your child as named below being used for any Taqwa Schools' publication.

Name of Chil	ia:	
		or consent or objection by ticking the appropriate box as applicable below. Then write full e in the appropriate section.
1. In Taqwa Sch	-	consent for the use of the image or picture of my child/ward named above cations.
2. publications.	I object to	the use of the image or pictures of my child/ward named above in Taqwa Schools'
Father:		
Name		
	 	(Parent/Guardian)
Signature		Date
Mother:		
Name		
		(Parent/Guardian)
Signature		Date

Conditions of School Use

It is your responsibility to let us know if you want to withdraw or change your agreement at any time. Taqwa Schools understand that where consent has not been obtained from the parents or guardians, we would be in breach of the relevant laws and policies in Nigeria [including school policies] if we use the image or pictures in any of our publications.



PICK UP AUTHORISATION FORM

			Jame	
Passport Photograph		Rela	tionship	
		Phone	e number	
	Address			
		N	lame	
Passport Photograph		Relat	ionship	
	Phone number _			
Passport				
Photograph				
	MAY NOT pick up	any child without prior apple our students.	proval from the parents or	legal guardiar
's name:		Signature	Date	



PARENTAL INVOLVEMENT AGREEMENT

Parental involvement is necessary and actively sought for support of the school. By enrolling your child at Taqwa Schools, you are providing your child an excellent educational opportunity.

As a parent/guardian of a Taqwa Schools student, I/we pledge to do the following:

1. (For day students) Strictly enforce student attendance and punctuality as defined in the Code of Student Conduct

- I/we understand that my child is to attend school every day unless he/she is unable to attend due to an excused absence.
- -I/we agree to ensure that my child is punctual. I/we understand that every school day is important.
- I/we will provide a written excuse for the student to give the teacher on the first day back following an absence.
- I/we agree to notify teachers of an impending absence of more than 2 days as early as possible so that teachers are given enough time to provide homework, etc.
- I/we will pick my child up promptly at the dismissal time indicated by the school every day.
- I/we understand that if I am/we are late in picking up my child, Taqwa Schools is not responsible for my child's safety.
- I/we understand that if my/our child is picked up after dismissal has ended, a late pick-up fee will be added to my/our bill. If my child is not picked up 30 minutes after dismissal has ended, he/she will be placed in the after-school care program and I/we will be billed accordingly.

Proper attendance and punctuality help the student develop a sense of responsibility that transcends into their adult lives, lessens the burden on the student to make up assignments, and causes less disruption to the class.

Parent's/Guardian'	c initial
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2. Follow the required uniform policy of the school as adopted by Taqwa Schools

- I/we will make sure that a clean and proper uniform is worn every day, including footwear.
- I/we will purchase the required uniform pieces for my/our child from school and when uniform items wear out or my/our child outgrows them, I/we will replace them promptly.
- I/we will make sure that my/our child comes to school clean and well-groomed every day.
- I/we will make sure that all items are labeled with my/our child's name or initials.
- I/we will make sure my/our child brings the required PE clothes and sneakers every day he/she has PE class.
- I/we understand that if my/our child is not in compliance with the uniform policy, I/we will have to take my/our child out of school for the day or the school will issue the right school uniform and I will be billed.

Parent's/Guardian	's	initials
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3. Support the daily class work and homework requirements, ensuring completeness to the best of my/our ability

- I/we understand that my/our child is to complete all required work including homework. I/we understand that the work must be on time to receive full credit.



- I/we will check my/our child's backpack and folder every evening, and make sure his/her work is organised and orderly (applicable to primary learners).
- I/we will follow any recommendations made by my/our child's teachers about what I/we need to do at home to help my/our child succeed.
- I/we will periodically review my/our child's homework in order to make sure he or she isn't having difficulties.
- I/we agree to support the development of good study habits in my/our child.
- I/we will provide my/our child with an environment that shall be conducive to learning. (Each child should have an area in the home free from distraction, so that they may complete assignments and store their necessary study aids.)
- I/we agree to provide my/our child with study aids including dictionaries, globes, atlases, etc. or will provide access to such aids as needed (e.g., from the library).

Parent's/Guardian's initials

4. Strictly enforce the student conduct codes and policies.

- I/we understand that my/our child and I are to cooperate and conduct ourselves with teachers, staff, and other students in a manner showing respect for all persons.
- I/we agree to support the student conduct codes/policies of Tagwa Schools.
- -I /we agree to abide by the discipline policies of Taqwa Schools as outlined in the student code of conduct
- I/we will expect good behavior from my/our child and support the school in requiring good behavior from my/our child at all times.
- I/we will take seriously any call from the school about a problem with my/our child's behavior and follow up promptly and seriously with my/our child.

Pare	ent's/Guardian'	S	initials	

5. Comply in a timely fashion with any requests for information made by the teacher or school administration of Taqwa Schools

- I/we will inform the school of change of address, telephone number or any emergency contacts.
- I/we will fill out all school forms in a timely manner so that my/our child will return them promptly to the school.
- I/we will communicate regularly with my child's teachers. I/we will return a phone call from a member of the staff within 24 hours and I/we will make myself/ourselves available for any Parent/teacher meeting/ Open day.
- If I am/we are asked to attend a meeting at the school regarding my/our child's education or behavior, I/we will make every effort to be there. If I/we have a concern or questions, I/we will communicate in a respectful tone with the teachers and staff.

Parent's/Guardian's	initials



ADMISSION PROCESS CHECKLIST (OFFICIAL USE ONLY)

Student name:	
Age:	
Entering class:	
Test scores: English Mathematics	
DOCUMENT	TICK
Completed and submitted admission form	
Payment for admission form	
2 recent passport photographs	
Permission for use of image	
Pick-up authorization form	
Parent involvement agreement	
Birth certificate	
Academic records	
Interview with parents/family	
Recommendation:	
ADMISSION STATUS: Admitted	Not Admitted
Name:	
Position:	
Date:	