



**CASTLE NURSERY AND PRIMARY SCHOOL**

## **APPLICATION FORM**

AFFIX  
RECENT  
PASSPORT

APPLICATION NUMBER

**STUDENT'S ADMISSION**



# CASTLE NUR/PRY SCHOOL

1, Olawole Daodu Street, Ifako-Gbagada,  
Lagos, P.O. Box 74441, Victoria Island, Lagos.

## APPLICATION FORM

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_
- Home Town: \_\_\_\_\_ State of origin: \_\_\_\_\_
- Tribe: \_\_\_\_\_ L.G.A: \_\_\_\_\_ Religion: \_\_\_\_\_
- Colour of eyes: \_\_\_\_\_ Colour of hair: \_\_\_\_\_ Height/Weight: \_\_\_\_\_
- Previous School(s) attended: \_\_\_\_\_  
\_\_\_\_\_
- Date(s) & Class(es): \_\_\_\_\_
- Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_
- Office address: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Residential address: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_
- Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_
- Office address: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Residential address: \_\_\_\_\_  
\_\_\_\_\_
- Guardian or sponsor's name: \_\_\_\_\_
- Relationship with child: \_\_\_\_\_
- Contact address (residential): \_\_\_\_\_  
\_\_\_\_\_
- Child's Allergy: \_\_\_\_\_
- Other information about the child: \_\_\_\_\_  
\_\_\_\_\_
- Signature of parents/guardian or sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

### ● FOR OFFICIAL USE ONLY ●

Date admitted: \_\_\_\_\_ Admission No: \_\_\_\_\_

Class admitted into: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Head of School



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## MEDICAL INFORMATION SHEET

■ Does your child have any medical condition? Yes ☐ No ☐

If yes, give details\_\_\_\_\_

■ Is your child allergic to anything? Yes ☐ No ☐

If yes, give details\_\_\_\_\_

■ Does your child need regular medication? Yes ☐ No ☐

If yes, give details\_\_\_\_\_

■ Does your child have any dietary requirement? Yes ☐ No ☐

If yes, give details\_\_\_\_\_

■ Does your child have any physical disability? Yes ☐ No ☐

If yes, give details\_\_\_\_\_

■ In case of emergency, please give your doctor's details:

Name:\_\_\_\_\_

■ Hospital/Home Address\_\_\_\_\_

\_\_\_\_\_

■ Telephone \_\_\_\_\_

Who do we contact in case of emergency?

■ Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ Relationship with child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ Telephone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parents or guardian

\_\_\_\_\_  
Date



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## POLICY CONTRACT WITH PARENTS

- Full name of child \_\_\_\_\_
- Parents's name \_\_\_\_\_
- Child's Registration No \_\_\_\_\_ (for center use only)
- I have gone through all documents presented by the school. I hereby give my consent and agree with the school curriculum/rules and regulations. I pledge to abide by them.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

Phone No: \_\_\_\_\_ (Father's)

\_\_\_\_\_ (Mother's) \_\_\_\_\_ (Home/Office)



\_\_\_\_\_  
Authorised Signature

*Head of School*

# ADMISSION PROCEDURE

## ■ Eligibility

Emerald School is open to all children between ages 1 and 11, irrespective of tribe, colour or creed. Children are placed in classes according to their ages. The cut-off Month is September.

Nursery Classes:	<b>Crèche</b>	<b>Diamond</b>	<b>Blue</b>	<b>Yellow</b>	<b>Pink</b>
	3 - 18months	18months+	2years+	3years+	4years+
Year 1 - 6:	5+	-11years			

The following documents should be submitted along with the forms.

- Completed Application Form.
- Four passport photographs.
- Photocopy of birth certificate.
- Last school report (If any).
- A Medical report.
- The child's postcard size photograph (1).
- 1 Family photograph pictures of people authorized to pick the child and a letter of authorization.

A qualifying test or observation will be administered to the child to determine proper placement. All requirements must be forwarded before the child starts school.

*Services for children with special needs are also available.*

*....emerging as royalties*