



18, ASHAFI TIJANI STREET, HARMONY ESTATE, IFAKO, GBAGADA, LAGOS.  
07081864078, 08189854418

### APPLICATION FORM

CHILD'S NAME: .....

DATE OF BIRTH: .....

CHILD'S AGE BY SEPTEMBER: .....

RESUMPTION DATE: .....

DESIRED CLASS:

INFANT (0 – 15 months)

TODDLER (15 months - 2<sup>1</sup>/<sub>2</sub> years old)

PRESCHOOL (2<sup>1</sup>/<sub>2</sub> - 3<sup>1</sup>/<sub>2</sub> years old)

NURSERY (3<sup>1</sup>/<sub>2</sub> - 5<sup>1</sup>/<sub>2</sub> years old)

\*The school will conduct a placement assessment to determine the appropriate class for your child.

PARENTS' NAME: .....

EMAIL ADDRESS: Mum

Dad

PHONE NO: Mum

Dad

HOUSE ADDRESS: .....

**PLEASE SUBMIT COMPLETED FORM WITH THE FOLLOWING:**

- BIRTH CERTIFICATE
- IMMUNIZATION RECORDS
- REPORT FROM PREVIOUS SCHOOL
- APPLICATION FEE OF N10, 000.
- DISCHARGE NOTES AT BIRTH