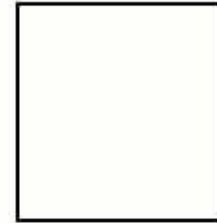




# 'LARA DAY SCHOOL

19, Adeniyi Jones Avenue, Ikeja, Lagos. Tel: 01-4542920, 0708 416 7000  
Email: laradayikeja@gmail.com, laradayschool@gmail.com  
Website: www.laradayschool.com



## ADMISSION FORM

SURNAME	FIRST NAME	OTHER NAMES
SEX	AGE	

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Sect/Denomination: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are the Parents together, Separated, Divorced, widowed? (Underline the appropriate word please)

If Parents are unavailable contact Name: \_\_\_\_\_

Number(s): \_\_\_\_\_

➤ Why have you chosen Lara Day School? \_\_\_\_\_

➤ Who / What introduced you to Lara Day School? \_\_\_\_\_

➤ Do both Parents have access to the child? Yes  No

➤ If NO, state who should not have access \_\_\_\_\_

➤ Does your statement above have any legal backing? Yes  No

➤ If Yes, please submit photocopies of such.

**SCHOOLS ATTENDED**

NAME OF SCHOOL	CLASS	ACADEMIC YEAR

**SIBLINGS STUDYING AT LARA DAY SCHOOL**

**SIBLINGS WHO HAVE PASSED OUT OF LARA DAY SCHOOL**

NAME	CLASS	NAME	CLASS

Any Ailment or allergy? \_\_\_\_\_

Family Hospital \_\_\_\_\_ Doctor \_\_\_\_\_ Phone No \_\_\_\_\_

Any other information \_\_\_\_\_

In case of an emergency where both Parents cannot be reached in good time, your child will be taken to the school's hospital and you will be billed for the expenses.

I agree to pay all necessary fees due in respect of my child in advance; give one term's notice when I intend to withdraw or transfer my child / ward and abide with all stipulated in the prospectus. I do hereby certify that all the above information is correct.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date:

**For Office Use**

The above named Child has been admitted into the School with the following particulars:

IMMUNIZATION TAKEN: \_\_\_\_\_

ALLERGIES TO MEDICATION: \_\_\_\_\_

HEALTH CHALLENGE(S) (IF ANY): \_\_\_\_\_

OTHER REMARKS: \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED ALONG WITH 2 CURRENT PASSPORT PHOTOGRAPHS, A COPY OF THE CHILD'S BIRTH CERTIFICATE, IMMUNIZATION RECORDS, LAST REPORT OF PREVIOUS SCHOOL AND TRANSFER CERTIFICATE (IF ANY).**

\_\_\_\_\_  
**Admission Officer/Date**