



REGISTRATION FORM

Please affix a recent
passport-size
photograph of your
child here

DETAILS OF CHILD

Surname of Child

Forenames (in full)

Preferred Name
(to be used in all correspondence)

Date of Birth

DD

MM

YYYY

Gender Male Female

Religious Denomination _____

Nationality _____

Home Address of Child _____

.....

.....

Home Telephone Number _____

Country of Birth _____

First Language/(Language spoken at home) _____

Proposed year and term of entry
(e.g 2016, Summer)

Accommodation Status at Grange Day Boarding Flexi Boarding

Have you a Grange Connection? Y N Parent Grandparent Sibling

Other (please specify) _____

SCHOOL

Please give details of your child's current school. Please note that they will be asked to supply a confidential report as part of our admissions procedure.

Current School & Address
(presently attending or entered for)

Attendance Date

Head Teacher's Name
(including -Mr/Mrs/Ms/Miss/Dr/other)

Head Teacher's Email Address

Telephone Number

DETAILS OF PARENTS / LEGAL GUARDIANS

Name of Father/Legal Guardian

Title or Rank (where appropriate) Mr Other

Profession of Father Industry

Employer's Name & Address

Mobile Telephone Number

Email Address

Name of Mother/Legal Guardian

Title or Rank (where appropriate) Mrs/ Ms Other

Profession of Mother Industry

Employer's Name & Address

Mobile Telephone Number

Email Address

Parents' Address (if different from child)
or Correspondence Address

Parent's Name

Parent's Address

How did you first hear about First Beacon International Schools?

Word of Mouth Current School Friend Website

Advertisement. If so, in which publication _____

Other (please specify) _____

OTHER PEOPLE WITH PARENTAL RESPONSIBILITY

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the school will be required if an offer of a place is made.)

Title or Rank (where appropriate) Mr Mrs Other _____

First Name
.....

Surname
.....

Address
.....
.....

Email
.....

Telephone
.....

Relationship to child
.....

Please provide us with details of: any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child; any behavioural, emotional and / or social difficulty of your child

NOTES

Offers of places are subject to availability and the admission requirements of the school at the time offers are made. A copy of the school’s Terms and Conditions will be supplied on request.

DECLARATION

I/We request that the name of our above-named child be registered as a prospective pupil. I/We enclose the non-refundable Registration Fee of NGN25,000 made payable to First Beacon International Schools. An additional NGN20,000 would be made payable to the school for the postage of test papers to candidate writing the exam abroad. I/We understand that the 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. I/We understand also that the School (through the Principal, 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.

I/We also understand that signing this form does not give rise to contract with the school

Signed:

Father/Legal Guardian _____ Date _____

Mother/Legal Guardian _____ Date _____

Please return the completed and signed form with a copy of the following documents:

- birth certificate
- immunization record
- last school report (previous term)
- receipt of payment

Originals will be required for sighting.

FOR OFFICIAL USE ONLY