



APPLICATION FOR ADMISSION FORM

Student Information

Applying To Start In		Year/Class	
Legal Forename			
Surname			
Preferred Forename			
Gender		Date of Birth	
Country of Birth		Home Language(s)	
Nationality		Religion	

Contact Information

Student Resides With		Relationship to Student	
Home Address			
Email			
Phone Number(s)			

Family Details

Title		Legal Forename	
Surname		Relationship to Student	
ID/Passport Number		Expiry Date	
Email			
Mobile Number(s)		Work Phone Number(s)	
Is emergency contact for child?	Yes		No
Occupation		Company Name	

Title		Legal Forename	
Surname		Relationship to Student	
ID/Passport Number		Expiry Date	
Email			
Mobile Number(s)		Work Phone Number(s)	
Is emergency contact for child?	Yes		No
Occupation		Company Name	

I/We acknowledge that all legal parents and/or guardians for the student have been entered into this application.



Emergency Contacts

Please provide details of additional emergency contacts (If persons listed above are not reachable in case of an emergency)

Title		Legal Forename	
Surname		Relationship to Student	
ID/Passport Number		Expiry Date	
Email			
Mobile Number(s)		Work Phone Number(s)	
Is emergency contact for child?	Yes		No
Occupation		Company Name	

Title		Legal Forename	
Surname		Relationship to Student	
ID/Passport Number		Expiry Date	
Email			
Mobile Number(s)		Work Phone Number(s)	
Is emergency contact for child?	Yes		No
Occupation		Company Name	

Siblings

Does the student have any siblings?	Yes		No	
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School History

Name of School		City/ Town	
Name of Principal			
Email address			
Currently in grade / year group			
Reason for leaving most recent school			

School Record

1. Has the student ever been involved in serious disciplinary action?	Yes		No	
2. Does the student have a learning difficulty?	Yes		No	
3. (diagnosed or otherwise)				



4. Does the student have any physical disabilities or psychological needs?	Yes		No	
5. Has the student ever received any learning support from school?	Yes		No	
6. Has the student received support from any agencies? (e.g. Occupational Therapy, Speech Therapy)	Yes		No	
7. Has the student ever been in an English as an Additional Language Programme (EAL)?	Yes		No	
8. Has the student any special skills or interests (sports, music, drama, dance, art, etc.)?	Yes		No	
9. Has the student ever represented his/her school in sports or any other events?	Yes		No	
Please indicate if there is another information you would like the School or Teachers to know about the student.				

Choice of School

Why did you choose British International Junior School?

Medical & Health Record

Please complete this form fully and accurately. Please note: the information submitted on this form will be kept confidential, and only shared with relevant school personnel on a need-to-know basis.

- Does your child have a history of any health concerns or medical conditions?
- Neurological (e.g. Seizures, Headaches, Syncope)
- Heart Problems (e.g. Rhythm & Sounds)
- Breathing or Lungs (e.g. Asthma, TB, Cystic Fibrosis)
- Muscles, Joints, Bones Stomach, Digestion
- Skin Problems (e.g. Eczema, Rashes, Scars, Psoriasis)
- Mouth (e.g. Teeth, Gums, Braces)
- Nose (e.g. Congestion, Nosebleeds)
- Ears (e.g. Infections, Grommets, Hearing)
- Blood Disorders (e.g. Anaemia, G6PD, Haemophilia)
- Gynaecological
- Psychological/Development (e.g. Depression, Bipolar, Anxiety)
- Food Intolerance and/or Sensitive to
- Hospitalisations/Surgeries



Allergies

Does the student have any allergies?	Yes	No
Please give details.		

Request For School To Administer Medication

While at school, all medications must be dispensed from the Health Unit. With the exception of asthma inhalers and Epipens, students are not allowed to carry medication with them at school. Please list any medication your child takes on a regular or as-needed basis.

Name of Medication			
Medication Dosage		Time Taken	

Name of Medication			
Medication Dosage		Time Taken	

Name of Medication			
Medication Dosage		Time Taken	

Parental Consent

1. The medication must be handed to the Health Unit by the parent/guardian in the original container with the original labels intact for safe storage. The labels must legibly detail the name of the student, name of the medication, dosage and frequency of administration.
2. Medication not in its original packaging/container will not be administered.
3. We require written permission from the parent/guardian requesting the School to administer the medication according to the physician's order.
4. Written order(s) from the physician confirming the School can administer the medication prescribed by them, with details of the drug, dosage and time intervals the medication must be given.
5. The student must have been given one dose of the prescribed medication at home with no adverse reaction seen by the parent/guardian.
6. If the medication is to be administered at the Health Unit, the student's teacher must be informed of when the student needs to attend the Health Unit to receive medication.

Immunisation History

My child's scheduled vaccinations are up to date according to the requirement of my country.	Yes	No



APPLICATION CHECKLIST

Please attach the following items or documents to your Application or email after completion of your application:

Photograph

A recent colour passport-size photograph (with a white background) for each of the following:

- ✓ Student
- ✓ Father
- ✓ Mother
- ✓ Guardian (if applicable)

Birth Certificate

A copy of the Student's Birth Certificate which includes parents' names.

Please note that a professional translation is required if the document is not in English.

Passport & Visa

A copy of the Passport pages with holder's name, photograph, passport number, date of birth, date of issue, date of expiry and Visa for each of the following:

Please note that the application of visas to the Nigerian authority is the responsibility of parents.

- ✓ Student
- ✓ Father
- ✓ Mother
- ✓ Guardian (if applicable)

National Identity Card (Nigerians only)

A copy of the National Identity Card for each of the following:

- ✓ Student (if issued)
- ✓ Father
- ✓ Mother
- ✓ Guardian (if applicable)

School Reports & Testimonials

- ✓ A copy of the Student's most recent school report.
- ✓ A written testimonial regarding the Student's character and academic ability

and potential, from the current school's Principal or Class Teacher.

- ✓ Any recent specialist reports that may relate to the Student's learning, such as an assessment conducted by an Educational Psychologist, Occupational Therapist or Speech and Language Therapist.
- ✓ Please note that a professional translation is required if the documents are not in English.

Application Fee

The non-refundable 20,000 Naira Application Fee may be paid online or via telegraphic transfer. Kindly include:

- ✓ an additional amount in view of bank charges and foreign exchange fluctuation (if foreign currency is used) as these charges must be borne by the sender;
- ✓ the Student's name as a reference on the transaction. A copy of the transaction document must be forwarded to the School's Registrar Office with the sender and student's name.

As the Nigerian Naira (NGN) is not an international tradable currency, please use another currency for overseas transfers. eg. US Dollars, Sterling Pounds, Euro, Australian Dollars, etc.

Bank Details

- **Payable to:** British International Junior School Foundation
- **Bank:** Bank PLC
- **Account Number:** 1470709930
- **Bank Address:** Ikota Retail Shop,C96-101, Ikota Shopping Complex Lagos State



HOME-SCHOOL AGREEMENT

Pupil Commitments

- I will show humanity and integrity by being an ambassador and role model for the school and making a positive impact on the community.
- I will be professional at all times: polite, punctual, prepared, presentable and positive including:
- Wearing my full school uniform at all times and caring about my appearance;
- Reading my home reading book with a family member and completing my homework activities;
- Showing 100% commitment to my work and learning and showing craftsmanship in all my lessons;
- Showing respect to all adults and children in the school;
- Exhibiting perseverance in every task I do, whoever I am working with to develop my expertise;
- Respecting the school environment and building as a place of beautiful work;
- Committing to developing eloquence by taking every opportunity provided by BIJS.

Parents Commitments

- I will make sure my child turns up on time each day in full school uniform;
- I will attend all parents' evenings and school events to support my child and the school;
- I will provide time to help my child with their homework;

- I will read with and to my child each day, after school and discuss their reading with them;
- I will keep the school informed of any situation which gets in the way of my child's learning;
- I will support the school in every way I can, including encouraging kindness and integrity;
- I will be a role model for my child in my interactions and communications with the school and other parents;
- I will read all correspondence received from school to be fully informed of important information.

School Commitments

- We will provide high-quality education with outstanding teaching and learning experiences;
- We will provide a safe community based on humanity and integrity;
- We will treat you with respect at all times, be clear in our expectations and consistent in applying them;
- We will support you and your family through difficulties and work to overcome problems;
- We will support you in being true to your word;
- We will mark work and give you critique to allow you to re-draft and create beautiful work;
- We will provide a rich, exciting curriculum to prepare you for success in the 21st century.

I have read and fully understand the above terms and conditions and the nature and effects thereof. I hereby expressly agree to the terms and conditions and I hereby undertake to observe and perform all such terms, conditions and covenants on my part to observe and perform.

Signature:		Date:	
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