



LAKEFIELD SCHOOLS

1, Eytlope close off Bayo Shedipo Street, Royal Palmwill Estate, Remilek Bus/Stop, Badore, Lagos.

Mobile: +234 702 500 7703, +234 702 500 7704

Email: info@thelakefieldschools.com Website: www.thelakefieldschools.com

APPLICATION FOR ADMISSION

This form should be filled by the Parents
of Guardian in BLOCK letters



PUPIL'S DETAILS

Surname	<input type="text"/>		
First name	<input type="text"/>	Other Names	<input type="text"/>
Date of Birth (dd/mm/yyyy)	<input type="text"/>	Place of Birth	<input type="text"/>
Gender (M/F)	<input type="text"/>	Nationality	<input type="text"/>
Entry Level	<input type="text"/>		

FATHER'S DETAILS

Full name (Surname First)	<input type="text"/>		
Nationality	<input type="text"/>	Occupation	<input type="text"/>
Home Address	<input type="text"/>		
	<input type="text"/>		
Company Name & Address	<input type="text"/>		
	<input type="text"/>		
Email Address	<input type="text"/>	Mobile Phone number	<input type="text"/>

MOTHER'S DETAILS

Full name (Surname First)	<input type="text"/>		
Nationality	<input type="text"/>	Occupation	<input type="text"/>
Home Address	<input type="text"/>		
	<input type="text"/>		
Company Name & Address	<input type="text"/>		
	<input type="text"/>		
Email Address	<input type="text"/>	Mobile Phone number	<input type="text"/>

GUARDIAN'S DETAILS (If child is not in the care of or does not live with Parents)

Full name (Surname First)	<input type="text"/>		
Home Address	<input type="text"/>		
Email Address	<input type="text"/>	Mobile phone number	<input type="text"/>
Relationship to Child	<input type="text"/>		

MEDICAL INFORMATION

1. Has your child/ward been immunized against the following illness? Kindly indicate with Y for yes or N for no

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> • Small pox | <input type="checkbox"/> • Tetanus | <input type="checkbox"/> • Rubeila (German Measles) | <input type="checkbox"/> • Chicken pox |
| <input type="checkbox"/> • Whooping cough | <input type="checkbox"/> • Tuberculosis | <input type="checkbox"/> • Hepatitis | <input type="checkbox"/> • Diphtheria |
| <input type="checkbox"/> • Polio | <input type="checkbox"/> • Mumps | <input type="checkbox"/> • Meningitis | |

2. Has your child been given any other vaccination apart from the one stated from above?
Y/N

If yes state type

3. Does your child suffer from any of the following ailments? Kindly indicate with Y for Yes or N for No

- | | |
|--|--|
| <input type="checkbox"/> Respiratory Infection/condition | <input type="checkbox"/> Eye problem/condition |
| <input type="checkbox"/> Ear, nose or throat problem/condition | |

4. Does your child suffer from any specific learning difficulties such as Dyslexia ADHD? (Y/N)

5. Does your child suffer from any other known medical condition or allergies?

6. Instruction for medical care in case of emergency

7. Is child unable to take part in any sport/physical activity due to any medical condition? (Y/N)

8. Additional Information

DECLARATION

By signing this form, you are declaring that the information provided are accurate and true to the best of your knowledge. False information could lead to the withdrawal of the child.

Parent's Signature and Date: _____

DOCUMENTS REQUIRED

The following documents should be attached to this application:

1. Photocopy of Child's birth certificate or Data page of National Passport
2. Photocopy of immunization card/Report
3. Character Testimonial from current school
4. Last academic report
5. Two (2) passport-sized photographs of Child
6. Two (2) passport - Sized photographs of both parents or Guardian
7. Photocopy of valid ID Card (Voters ID Card, Passport, National ID, etc.) of Parents or Guardian