

PINNACLE CHILDREN'S PLACE

Registration No _____/20__

APPLICATION FORM

Student's Legal Name: _____

last first middle: _____

Date of Birth: ____ / ____ / ____

HomeAddress: _____

Gender: Male Female

Citizenship _____

Section 2

	Mother	Father
Name (of Parent or Legal guardian) & Title		
If other than natural parents, state relationship with the student :		
Nationality		
State of Origin/ Ethnic Origin		
Home Address		
Mobile Phone No.		
Email address		
Place of Employment and work telephone number		
Occupation		
Mobile Phone No.		
Emergency Contact (someone we can reach if we cant reach the parent)		
Parental Marital status Married, Separated or Divorced		

Student lives with: other: _____

In the event that either parent will not be picking up the child, please be aware that you must call the school giving us the full name of the person picking up the child and we will give you a code which they must tell us with their full name on arrival.

Section 4

How did u hear about us? Please circle Word of mouth Website Social Media others

Section 5 Language (s) spoken at home: _____

Section 6

Medical Information and Doctor

Are your child's immunisations up to date? Yes / No

Indicate any medical problems by placing a circle around the appropriate condition

Asthma Sting allergy Migraine/headaches Heart problems, Bladder problems

Chest problems Walking problems, Gastric problems Nut allergy Vision impairment,

Hearing impairment Pills/ medicine carried Diabetes Hay fever Skin complaints

Epilepsy Kidney complaints Speech impairments 'Other' health complaints/problems

'Other' description and any additional medical data:

Description of steps to be taken in such an event:

Please note that any medication to be administered during school hours must be accompanied with a signed note, outlining dosage instructions, etc.

Special Dietary Needs: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Telephone Number: _____

Section 7

Additional Information

Please attach the following:

- copy of student's birth certificate
- copy of student's health records
- 3 passport photo of student
- N10,000 non-refundable application fee

Once your application form is received and reviewed you will be notified via e-mail regarding an acceptance decision. Submission of an application form does NOT mean admission has been granted.

Permission for Emergency/Operative treatment

In the unlikely event of an emergency, when parents/guardians attendance cannot be immediate, it is sometimes necessary to obtain treatment for a child from a doctor or health care professional. As a delay in these circumstances is highly undesirable, we would ask that you give consent for the medical treatment on this form.

Parents Doctor's information

Name _____

Hospital _____

In the event of sudden illness or accidents affecting my child, I agree to Pinnacle Children's Place seeking medical treatment. If deemed necessary by the medical authority, I authorise medical staff to administer emergency treatment including any operative treatment and/or administration of local/general anaesthetic to my child on my behalf.

Signed by (name) _____ Signature _____

Relationship to child _____ Date _____

Childhood vaccination declaration

My child has been immunised against all age appropriate childhood illnesses

Yes _____ No _____ Signed _____ Date _____

Permission to take photographs

We usually take pictures of children while they are working or engaged in educational activities, these photographs may be used for display around the school premises and occasionally for promotional purposes.

I hereby give consent for my child's photograph to be used for displays around the school.
Yes _____ No _____

For promotional purposes – advertising, the school and its services Yes _____ No _____

Outings

From time to time we may take the children on age appropriate outings to support the curriculum or for pleasure during festive season. We will not take the children out of the premises without prior knowledge of the parents.

I hereby give consent for my child to attend or participate in the age appropriate outings to support the curriculum or for pleasure during festive season. Yes _____ No _____

Participation Waiver:

As with any activity I understand that there may be risk of injury or harm. I agree to be responsible for any medical expenses incurred by my child(ren) while participating in sessions. I agree to hold the staff and volunteers of Pinnacle Children's Place Limited, and their families, harmless from, and indemnify them for, any damage or loss arising as a result of my child (ren)'s participation in activities.

Parent/ Guardian Signature _____ Date: _____

Please send completed form to office@pinnaclechildrensplace.com