



# ROEMICHS INTERNATIONAL SCHOOLS

[www.roemichschools.com](http://www.roemichschools.com)

Place two passport photos of ward here

## ADMISSION FORM

### Student details

Surname of your ward

First names (please type frequently called name first)

Date of birth

Age

Place of Birth

Gender

Nationality/State of origin

Proposed year group or year of entry(class of entry)

Boarding  Day

Boarding  Day

Student proposed residence, check one

Student residence at current School, check one

Language(s) spoken

Religion or belief

Present school name & address

Current class

Other Schools attended.

### Additional student details

Please give an outline of your child's artistic, dramatic, musical and sporting skills on percentage basis; between 1% and 100%

Artistic Skill

Dramatic Skill

Musical Skill

Sporting Skill

Student Preferences

Student Dislikes

### Contact details

Full name of father

Full residential address

Occupation

Nationality

Country of residence

Work telephone with country code

Home telephone with country code

Mobile telephone with country code

e-mail address

Full name of mother

Full residential address

Occupation

Nationality

Country of residence

Work telephone with country code

Home telephone with country code

Mobile telephone

e-mail address

**Medical history**

Does your ward have any of the following health conditions? **This must be completed as accurately and fully as possible.**

- |  |  |   |  |
|--|--|---|--|
| Allergies <input type="checkbox"/>       | Asthma <input type="checkbox"/>                  | Epilepsy <input type="checkbox"/>           | Diabetes <input type="checkbox"/>            |
| Heart Condition <input type="checkbox"/> | Challenges <input type="checkbox"/>              | Recurring sickness <input type="checkbox"/> | Anorexia or bulimia <input type="checkbox"/> |
| Sickle Cell <input type="checkbox"/>     | Accidents or operations <input type="checkbox"/> | Emotional problems <input type="checkbox"/> | Other <input type="checkbox"/>               |

if **Yes** type the health condition and give history below

**Contact in case of medical emergency**

Name: Telephone No:

Full address especially if it is an hospital.

Can your ward be attended to at our hospital in case of emergency? Yes  No

**Are there any special medical circumstances we should be aware of?**

Are there any special medical circumstances we should be aware of?

If yes, please provide us with details on an accompanying letters, reports, C.T or X-ray scans.

**Please give an additional emergency contact besides parents'**

Full name of emergency contact

Relationship to child

Full residential address

Occupation	Nationality	Country of residence
Work telephone		Home telephone
Mobile telephone		e-mail address

**Guardian in Nigeria if parents live abroad**

Full name of Guardian	Relationship to child	
Full residential address		
Occupation	Nationality	State of residence
Work telephone		Home telephone
Mobile telephone		e-mail address

Please insert two Father's passport photos here

Please insert two Mother's passport photos here

Please insert Guardian's picture 1 here

Please insert Guardian's picture 2 here (in case of family)

Please insert photo of person authorized to collect your ward from school.

Please insert photo of second person authorized to collect your ward from school

Please insert any other relevant photo

Please insert any other relevant photo

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Any information you give will be treated confidentially and forwarded to the Head of Learning Support, who may contact you for discussion.

Please remember to attach the following for us to keep:

- a. A copy of your child's full birth certificate
- b. A copy of your child's latest school report
- c. Two (2) passport photographs

How did you hear about Roemichs International Schools?

School's directory       Sibling       Local knowledge       Friend / Relative   
Press article / TV / Radio       Advertisement       Primary school       Internet

Please give the name and address of anybody whom you think would like to hear about Roemichs International schools with a view to sending their child (ren) to receive a world class education.

_____	_____
Full name of person	Relationship to you
_____	
Full residential address	
_____	_____
Work telephone	Home telephone
_____	_____
Mobile telephone	e-mail address

**Sponsor's undertaking on payment of fees**

_____	_____
Full name of Sponsor	Relationship to child
_____	
Full residential address of sponsor	
_____	_____
Telephone Number	Email address

How do you intend to pay the fees? Please check as appropriate.

Yearly       Termly       Monthly       Not yet decided

I certify that the necessary funding will be provided for the duration of the students studies at Roemichs International Schools. I also acknowledge that all fees are to be paid in advance of each term's tuition. If payments are not made in advance or payments fall into arrears, then the student will have to be withdrawn until such payments are made in full.

_____	_____
First signature	Second signature if any
_____	_____
Date	Date

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### Declaration

We request that our child, be registered as a prospective student. We understand that discovery of false or incomplete information may jeopardize our child's right to remain at the school. We also 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. We also understand that the School may obtain process and hold personal information about our child, including confidential 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.

**Each of those with parental responsibility must sign and complete below.**

I declare that the information furnished by me is correct.

\_\_\_\_\_  
First signature

\_\_\_\_\_  
Second signature

\_\_\_\_\_  
Name in full

\_\_\_\_\_  
Name in full

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
We give permission for photographs taken while at school to be used for school marketing purposes e.g. prospectus, website. Yes  No

\_\_\_\_\_  
We give permission for our ward to be taken out with his peers on educational tours, excursions while at school. Yes  No

\_\_\_\_\_  
Please note that early application is recommended. Offers of places are subject to availability and the admission requirements of the School at the time. A copy of the current Admissions Policy and Terms and Conditions is available on our website.

### On completion please submit at Roemichs International Schools

\_\_\_\_\_  
Ajase Ipo(offa Garage) Road, P.O Box 4769 Ilorin, Kwara State, Nigeria.

\_\_\_\_\_  
Please we would appreciate if you submit in person

### For office use only

#### Check list: All boxes need to ticked to complete admission.

Medical history fully completed  Medical emergency information completed

Latest school report/transcript submitted  Parent/Guardian contact details fully completed

All necessary fee payments made

\_\_\_\_\_  
Admission form receipt number:

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

\_\_\_\_\_  
Wards overall test result

\_\_\_\_\_  
Name in full

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Documents submitted

\_\_\_\_\_  
Principal's comment and signature

\_\_\_\_\_  
Admission Status

\_\_\_\_\_  
Date