

Application Statement

Please read this statement carefully before signing your application.

I attest that all the information provided in this application is accurate to the best of my knowledge and all appropriate information regarding my child is correct.

I understand and agree to abide by all school policies and regulations, which may be updated from time to time. I agree to update any pertinent information that has changed such as my child's health information, telephone numbers, email and home addresses, etc. in a timely fashion. I will take an active role in my child's education, be responsive to any concerns raised by the school, and to support and abide by all recommendations given by the school.

I understand that there is no guarantee of admission and that admissions decisions made by the school are final. I understand that admissions decisions are based on a holistic view considering all factors and based on a complete review of the student's application and records. I understand that should my child's application be denied, the N5,000.00 Application Fee paid is non-refundable and should I make a subsequent application for my child, I would be charged an additional N5,000.00 Application Fee for the new application.

I authorise EOAC International Schools to treat any minor injuries sustained by my child at school. I understand and respect the school's judgment with serious medical situations. If the school should decide that the situation is life threatening and that urgent/immediate medical attention is required, my child will be taken to a recognised Hospital unless my child is part of an organisation that has a prior agreement with the school. I agree to hold the school blameless and free of liability for any loss, damage or injury sustained by my child or myself.

I hereby make this application for admission for my child to EOAC International Schools in accordance with the terms, rules and regulations of the school. I have read and understood what is written above. I understand that my signature below gives the school permission to conduct appropriate testing. Should this student be admitted to EOAC International Schools, I agree to be responsible for all charges including incidental expenses. I understand that all tuition charges must be paid by certain due dates, and penalties will apply after those due dates. Should the student be admitted to EOAC International Schools, I agree to partner with the school in the education of my child by abiding by the school calendar, by maintaining open lines of communication with the teachers and administration, and by regularly attending Parent-Teacher meetings through the school year. I understand and accept that as a student of EOAC International Schools, my child's picture may be used in school publications such as yearbooks, brochures, newsletters, and the school website.

Should the school find it necessary to close at any time during the school year due to reasons beyond its control, I understand that fees paid to the school will not be refunded.

pupil/Student Name (SURNAME, Given Name)

Parent/Legal Guardian Name (SURNAME, Given Name)

Parent/Legal Guardian Signature

Date (Month/Day/Year)

Checklist

- Copy of Passport
- Copy of Birth Certificate
- Physical Examination/Immunization Records
- Report cards for the last 2 years plus current grade report card including transcripts for students applying to grade 9 - 12
- Educational Testing Reports and /recommendations, IEPs, etc.
- Confidential Recommendation (grades Prekindergarten - 12)
- Transfer Certificate
- Proof of payment of the application fee



EOAC INTERNATIONAL SCHOOLS

APPLICATION FOR ADMISSION

Recent Photo of pupil/student

Admission No:

Desired start date

Pupil/Student Information

Pupil/Student's family name

Pupil/Student's first name

Gender

Date of birth

Country of citizenship

Other passport? Dual citizenship

(Passport in which Nigeria visa is/will be stamped)

Applying to Grade

School Year

Commencing in

January

Pupil/Student's 1st Language

2nd Language

Language spoken at home

Previous School Information

Current School Name

Date attended (Month/Day/Year)

Month

Day

Year

to

Last Grade Level Attended

Current Grade Level

Full School Address

School Telephone

Academic Information

Language(s) spoken at home

Language of instruction in current school

Your child language ability:

Fluent

Good

Satisfactory

English

French

Other

Has your child/ward ever had difficulty with any of the following?

Language development Yes No If yes, please specify:

Communication Yes No If yes, please specify:

Physical development Yes No If yes, please specify:

Psychological development Yes No If yes, please specify:

What are your child/ward strengths (e.g. sports, academics, etc.)?

Does your child/ward have a learning disability? Yes No If yes, please provide details:

Has your child/ward attended school regularly? Yes No If not, please briefly explain the reason:

Has your child/ward ever been asked to leave a school? Yes No If not, please briefly explain the reason:

Has your child/ward ever been retained in a grade? Yes No If yes, which grade(s) and why?

Family Information *(This information will be treated as confidential)*

Parent are divorced Parent are separated Parent are deceased Child is adopted

Other Children in the family:

Name

Age

Name of Parent or Legal Guardian (must provide document to show legal guardianship if not natural parent)

Father/Legal Guardian (SURNAME, Given Name)

Country of Citizenship

Mother/Legal Guardian (SURNAME, Given Name)

Country of Citizenship

If other than natural parents, state relationship with the student.

Father/Legal Guardian's Occupation

Current Title

Name of Employer

Work Address

Work Phone Number

Mobile Phone Number

Email Address

Mother/Legal Guardian's Occupation

Current Title

Name of Employer

Work Address

Work Phone Number

Mobile Phone Number

Email Address

Medical Information

Does your child suffer from any medical condition(s)? Yes No If yes, please provide details:

Are there any special medical considerations that we should know about your child (e.g. allergies, chronic medical conditions, etc)? If yes please outline below and attach any necessary additional documents.

In the event of a medical emergency, the first point of contact is (Please type name and phone number)

The alternative point of contact in a medical emergency is (Please type name and phone number)

Emergency Contact Information

Please provide contact information for relatives/friends to pick up student if not picked up on time, or to pick up sick/injured student if parents cannot be reached.

Name

Relationship

Telephone Number

Name

Relationship

Telephone Number