



KING'S KIDS CHRISTIAN INT'L HIGH SCH.

Office: No. 14J, Sam Edem Street, Ewet Housing Estate, Uyo, Akwa Ibom State.

Website: www.kingskidschools.com.ng, Tel: 09072165598, 07084005515

STUDENT'S ADMISSION FORM

FOR/..... ACADEMIC SESSION

Passport.

Please write your name at the back of the passport

S/n:.....

SECTION A: Student's Personal Data

Name:
Surname First Name Middle Name

Contact Address:

Email:

Date of Birth (DD/MM/YYYY): Gender: Phone No.:

Home Town: LGA:

State: Nationality:

Next of Kin / Address:

Any Medical Issue(s)? (Please specify):

Blood Group: Disabilities:

Immunisation: Date Received:

SECTION B: Parent/Guardian Data

Name:
Surname First Name Middle Name

Address:

Home Town: LGA:

State: Nationality:

Profession: Office Address:

Phone No.: Alt Phone No.: Email:

Parent's Signature and Date:

SECTION C: Student's Educational Data

Nursery/Primary School Attended:

Address of Nursery / Primary School Attended:

Year of Graduation:

Head Master / Teacher's Name:

Head Master / Teacher's Signature with Date:



SECTION D: Parent/Guardian Conditions & Agreement:

- 1) For my child to use all the play facilities and participate in all the school activities.
- 2) For my child to leave the school premises under the supervision of a staff member for short walks and field trips authorized by the school.
- 3) For my child to be included in evaluations and pictures connected with school programmes.
- 4) For the school authorities to take any step necessary to obtain emergency care for my child if warranted.
- 5) For the school to attempt to contact me at any known address and phone number(s).
- 6) For the school to have a school nurse, give first aid treatment and care.
- 7) For the school to take the child for emergency care in a hospital in the company of a staff if the school can not reach the school nurse or me.
- 8) For the school to bill me for any expenses incurred in No. 4 to 7 above
- 9) For my child to participate in all extra-curricular activities within and outside the school, irrespective of any religious or other reservations which I may have. If I later feel otherwise, I may be asked to withdraw my child.
- 10) I will ensure that my child's fees are paid promptly, on or before the second week of every term.

Parent/Guardian's Signature:

Date:

SECTION E: Undertaking

I hereby declare that all the information provided in this application are true, complete and correct. I understand that in the event of any information being found untrue, false and incorrect or I do not satisfy the eligibility criteria, my application will be cancelled / terminated, without assigning any reasons thereof. I agree to abide by the rules, regulations and procedures for enrolment into King's Institute of Basic Studies.

Signature:

Date:

SECTION F: For Office Use Only

Recommendations:

Approvals:

VP Academy

Principal:

Signature/Date:

Signature / Date:

