



THE LIVINGSPRINGS HIGH SCHOOL

ADMISSION APPLICATION FORM

STUDENT INFORMATION

1. Surname: Other Names
2. Nationality:
3. Date of Birth: (DD/MM/YY)
4. Name of Current School (if any):
5. Current Grade/Class:
6. Awards/Prizes/Certificates/Achievements in School:
8. Natural talents possessed/ skills acquired:
9. Grade applying for in this School:

PARENT INFORMATION

1. Father's/Guardian's Name:
2. Home Address:
3. Occupation:
4. Name of Employer:
5. Employer's address:
6. Place of business: (if self-employed)
7. Religious affiliation (tick one): Christian Muslim Others (Please specify)
8. If you are a Christian, where do you worship?
9. Telephone: Home Mobile
10. Postal Address:
11. Email address
12. Mother's /Guardian's Name:
13. Home Address:
14. Occupation:
15. Name of Employer:
16. Employer's address:

17. Place of business (if self-employed):

18. Religious affiliation (tick one): Christian Muslim Others (Please specify)

19. If you are a Christian, where do you worship?

20. Telephone: Home Mobile

21. Postal Address:

22. Email Address:

23. Parent's / Guardian's Fax Nos. (if any):

24. Are the parents living (tick one): Together Separated Divorced Widowed Single Parent

(Please inform the school whenever there are any changes in the above information)

25. Has your child even been requested to withdraw from any school? Yes No

26. If yes, state reason

27. Who will pay school fees? (tick one) Father Mother Guardian Employer

28. Child'/Ward's Previous schooling:

Applicant has completed years of nursery/Kindergarten Primary/ Elementary School

29. How is his/her eyesight? (tick one): Excellent Good Fair

30. How is his/her hearing? (tick one): Excellent Good Fair

GENERAL

1. Read the attached financial Policy & Regulation for guidance on payment of fees

2. How did you hear about this School?

3. State your reason for choosing this School

4. In what areas do you think you can contribute to the development of this School?

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Decision (tick one): Admitted Wait-listed Rejected

Date of Admission Admission No:

Authorised Signature

Date

Financial Policy & Regulation

1. The School can only run effectively if parents pay their bills promptly
2. Fees are payable termly in advance and must be paid on or before the first day of the term or date of admission, whichever is earlier.
3. Parents wishing to make late payment are advised to notify the School in advance to avoid the embarrassment of having their children or wards turned back from school.
4. Late payment of fees attracts 2% compound interest per month on the unpaid balance.
5. Fees must be paid direct to the School's bank account, details of which will be provided on admission. A copy of the cashier's teller must be submitted to the School Office on payment.
6. Parents should ensure that their accounts are properly funded before they pay cheques into the school. Any parent whose cheque is returned unpaid will be surcharge N5,000.00 per incident
7. Parents who have three or more children in the school will on request be granted 5% discount on tuition fees only from third child.
8. A full term's fees are payable irrespective of the accrual date of admission, re-entry or withdrawal.
9. A term's fees are payable irrespective of the actual date of admission, re-entry or withdrawal.
10. Fees are not refundable in the event of expulsion on withdrawal of a pupil or in any other circumstances
11. The School's Board of Governors reserves the right to raise the scale of fees during the course of the school year
12. The School will not tolerate verbal or physical abuse of our staff by parents who may be reminded to pay any outstanding balance in their account with the School.

We have read and understood this financial Policy & Regulation and agree to abide by it.

Signature of Father / Guardian: Date

Signature of Mother / Guardian: Date

Undertaking by parents

I recognize that The Livingsprings High School has a highly qualified staff, and I have confidence in their abilities to perform the educational functions due to my child at their discretion.

I further acknowledge that building strong relationship with my child's teacher to aid in the training of my child is as much my responsibility as it is the school's. I will pray for the school; programmes, co-operate with them in the discipline of my child, accept their fair judgement in all matters, lay a spiritual foundation through Godly example in the home, follow through with any work assignments or communication to be signed, see that my child reaches school on time, send written excuses for absence or tardiness co-operate in training the child to respect school property and pay for the irregular abuse of the same, attend all parent functions, see to it that my child's appearance conforms with school regulations and assist in publicising the school and its programmes.

I believe that the school staff will provide adequate care for my child and absolve the school of all responsibility for mishaps except for uncontrolled and careless supervision.

I realised that attending The Livingsprings High School is a choice and not a right it is my intention to abide by the decision and support the discipline of the administration. Dated this _____ day of _____ 20____

Signature of Father / Guardian: Date

Signature of Father / Guardian: Date

Statement of Co-operation

I give my permission for my child to take part in all school activities including school sponsored trips away the school premises. I absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. I understand the standards of The Livingsprings High School in that they will not tolerate profanity, obscenity in word or action, dishonour to the Word of God, or disrespect to their Staff. I herewith agree to authorise the school to employ such control and administer discipline as it deems wise and expedient for my child. I both understand and agree with their policies in this area (Proverbs 13:24, Proverb 22:6 and Proverbs 29:15).

Realizing that my attitude towards the staff and policies of the Livingsprings High school affect the emotional and academic stability of my child, I will support and uphold the ideals of the school in every way and will abide by the discipline and regulations of the School administration. (1 Thessalonians 5:13).

At no time will I participate in destructive criticism of the staff or the school to my child or others, but will instead, if a problem arises, go directly to the School authorities in a Christian manner, as indicated in Matthew 18:15. In making application for my child, I fully understand that The Livingsprings High School does not accept children on a month-to-month, nor on a one term basis. Upon enrolling my child, I affirm that I am morally and financially obligated to maintain enrolment for the complete school year. It is my understanding that the school will not refund any fees in the event of withdrawal of a child before the end of a term.

I hereby pledge to pay my financial obligations to The Livingsprings High School on the date due. All payment must be on or before the 1st day of each term or date of admission, whichever is earlier. I do understand that the School may turn back my child from School if and when school fees are not paid as and when due. I understand that in cases of emergency and the school cannot reach me or our doctor, the school can make arrangements with a physician who will cooperate with the school for emergency care for my child.

My Signature below that I accept this Statement of cooperate and give my permission to The Livingsprings High School to Provide Emergency care for my child, should it be needed in my absence

Dated this _____ day of _____ 20____

Signature of Father / Guardian: Date

Signature of Father / Guardian: Date