



Corona Schools' Trust Council

APPLICATION FORM

DAY NURSERIES & PRIMARY SCHOOLS

APPLICATION FORM INTO CORONA SCHOOL, _____

To be completed and returned to the Head of School

Session : 20__ / 20__

THIS FORM DOES NOT GUARANTEE ADMISSION

Applicants for places in Corona Schools, who are NOT either the Father or Mother of the child (or children) they are enrolling, MUST delete the word PARENT and insert their own status in regard to that child (or children) e. g. UNCLE COUSIN.

This form must be accompanied by:

1. Two passport photographs of the child
2. Original (for sighting only) and photocopy of the child's birth certificate
3. Parents' passport photographs

Name of Parent / Guardian
Mr. / Mrs. / Ms. _____

(Full name in block capital letters please)

I have read, understood and agree to the conditions set out in the Home/ School Agreement and wish to enrol my child _____ (male / female)

(Full name in block capital letters please)

whose date of birth is _____

State of Origin _____ Religion _____

Name/ Address of Previous School _____

Nationality of Father _____

Nationality of Mother _____

Parent / Guardian's Signature _____ Date _____

Father's Occupation _____

Mother's Occupation _____

Phone numbers:	Father	Mother
Home	_____	_____
Office	_____	_____
Mobile	_____	_____
Email	_____	_____

Full residential address in Nigeria _____

Who does the child live with? _____

Number of children already attending Corona School :

Apapa _____ Gbagada _____ Ikoyi _____

Victoria Island _____ Ikoyi Day Nursery _____ Agbara _____

HEALTH RECORD

*This report will be treated strictly in confidence **

Has he/ she suffered from any of the following ILLNESSES? Please tick and include dates.

- Measles Chicken pox Whooping cough
 Rubella Typhoid

Please tick the **INNOCULATIONS** already given to the child with dates.

- Small pox Measles Polio
 Tetanus BCG

Has the child been given any other vaccination apart from the ones stated above? Yes/ No.
If yes, please state type _____

Has he / she been admitted in the hospital for any illness? If yes, state year of admission, kind of illness and duration of admission. _____

Has he / she ever undergone any surgical operation? If yes, state year and type of operation and attach surgical report. _____

Please tick below if your child/ ward suffers from the following ailments:

- Respiratory infection? Yes / No Ear, nose or throat problem? Yes / No
Eye problem? Yes / No Any other infirmity or allergy? Yes / No

Why do you choose to enrol your child/ children in Corona School?

PARENT'S SIGNATURE & DATE