



APPLICATION FORM

FOURIER INTERNATIONAL SCHOOL, OKE-ALA OBA-ILE AKURE

Passport

Photograph

FORM NO:

1. The information provided by the parent/guardian will be used for the administration and management of your children's education services throughout the academic program of the pupil.
2. If any change is to be made to the information provided on this registration form, parents or guardian to notify the school authority in written.
3. The personal information provided by the parents/guardian will be recorded on the school computer management information system.
4. Please ensure that all sections of this form are perfectly completed, checked, sign and return to the school authority. .

PLEASE COMPLETE THE FORM IN INK AND IN BLOCK LETTERS.

Section 1 - Pupil's Personal Details.

Surname -----

Given Name -----

Other Name -----

Date of Birth -----

Place of birth ----- Gender -----

Permanent Home Address -----

Nationality -----

State of Origin ----- Local Govt. of Origin -----

Section 2- Former/Current Nursery & Primary School (If Applicable)

Name and Address of former school: -----

Telephone Number -----
Class/ State on Leaving -----

SECTION 3 - Parents/ Guardian Information.

Notes 1. A parent/guardian is the person who has the legal right as the biological parent or someone responsible for the wellbeing of the student(s)/ Pupil.

2. The mobile number of the parents/ guardian provided will generally be used to contact parents by school text messaging service.

When a child is ill or hurt, we will make contact as per chosen priority below.

However, in section D kindly provide details of an emergency contact who can collect your child from school if you are unavailable.

In Section A and B please indicate parents or Guardian details.

A

Name:	-----	Relationship to child -----
		e.g. (mother/father/step parent).
Mobile number	-----	other -----
Occupation	-----	Email Address -----

B

Name:	-----	Relationship -----
		e.g. (mother/father/step parent).
Telephone Number	-----	Alternative Number -----
Occupation	-----	Email Address -----

In section C, please provide emergency contact

Name:	Relationship with child
Mobile Number	Alternative number
Occupation	Email Address

Section 4- support Information.

Notes 1. It is the responsibility of the parents/guardian to inform the school authority if your child develops any contagious or infectious disease(s).

2. Parents/ guardian should contact the school authority incase a child is on medication.

Medical Information (Please Mark as Yes or No)

1. Does your child have any allergies?

If yes please give details

YES NO

2. Does your child have a disability?

YES NO

3. Are there any health related problems of which we should be aware? If yes please give details.

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Section-4 Language Known (please tick accordingly.

A. What is your child main home language English Yoruba Hausa Igbo

B. If English is not home language, please indicate how well your child speaks English language.

Beginner Beginning competence Competence Fluent

Section-5 Religion of Pupil (please tick where appropriate)

Please tick one of the following categories which best describe the religion of your child.

Christian Religion Islamic Religion Traditional religion.

Do you wish to receive messages during any festival as related to your religion? Yes

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Section – 6 School Excursion Approval

During the period of your education career in our school, pupil may be involved in learning experiences which take them out of the school.

These excursion will be educational based activities, where pupils will be under the supervision of the school authority. The excursion will be both within the country and outside the country.

To allow your child to participate you are required to give your consent by appending your signature in the space provided below.

I give permission for my child to participate in activities as above whilst in attendance at this school.

Signature and date -----

Section-7 Photography / Video/ copyright Approval for school pupils

I give permission for photographs and video of my child taken at this school to be used as stated below.	Yes	No
School handbooks, school newsletter, school publications school website, school social media sites like Facebook, twitter, school bill boards.		
Kept permanently for use by the school's library as part of their collections		
Press coverage of events linked to the school.		

Section-8 ADDITIONAL INFORMATION (CRECHE ONLY)

1. Doctor's name and contact number:

2. Please sign here if First Aid may be administered to your child in an

emergency:

.....3. Does your child have any allergies or conditions? No If yes,

please give

details:

4. Does your child have any conditions that require medication? Yes No If yes, please give

details:

5. I give my permission for crèche staff to change my child's nappy. Yes No

6. Does your child sleep on his / her: Side Back Tummy?

7. Does your child sit on his / her own? Yes No

8. Has your child been seen by the Health Visitor for his/her 2 year old check? Yes No

9. I have received a copy of the crèche policies. Yes No

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..... (signature of parent/carer) Date:

Section-9 Uniform sizes and detail

Male

Female

A. Shirt

Shirt.

Length -----

Length -----

Chest -----

chest -----

Back -----

back-----

Sleeve -----

sleeve -----

Round Sleeve-----

Round Sleeve -----

Neck -----

Neck -----

B. SHORT.

SKIRT

Length -----Length -----

Waist -----waist point -----

Thigh -----

Hip -----

Section 9- Declaration.

The information provided by you and by relevant third parties will be used to verify/assess your application and for school administration.

I consent to the use of the above information for the above stated purposes. I declare that to the best of my knowledge the information given in this registration application is true and correct.

Parents/ Guardian Signature: -----

Name ----- Date -----