



**IMAGINATIONS SCHOOL**  
Creche, Pre- School and Primary

**No. 3, Association Avenue, Ilupeju, Lagos**  
No. 11b, Coker Road, Ilupeju, Lagos

## APPLICATION FORM

STUDENT'S INFORMATION

PASSPORT PHOTOGRAPH |

NAME.....  
SURNAME FIRST NAME MIDDLE NAME

DATE OF BIRTH..... SEX (M/F).....

RESIDENTIAL ADDRESS.....  
.....

### PARENTS INFORMATION

FATHER'S FULL NAME.....

BUSINESS/OFFICE ADDRESS .....  
.....

FATHER'S BIRTHDAY (DATE AND MONTH).....

TELEPHONE NUMBERS .....

EMAIL ADDRESS.....

MOTHER'S FULL NAME.....

BUSINESS/OFFICE ADDRESS .....  
.....

MOTHER'S BIRTHDAY (DATE AND MONTH).....

TELEPHONE NUMBERS .....

EMAIL ADDRESS.....

PARENTS WEDDING ANNIVERSARY (DATE AND MONTH).....

PERSON(S) TO CONTACT IN AN EMERGENCY (IF DIFFERENT FROM PARENTS).....

.....

SIGNATURE OF PARENT.....

DATE.....

**HEALTH RECORD**

WHAT IS YOUR CHILD'S GENERAL STATE OF HEALTH?.....

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?  
(STATE).....

DOES YOUR CHILD HAVE ANY ALLERGIES?  
(STATE).....

IS YOUR CHILD CURRENTLY ON ANY MEDICATION?  
(STATE).....

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS?  
(STATE).....

ANY SURGICAL OPERATION OR CHRONIC ILLNESS?.....

ANY OTHER RELEVANT INFORMATION?.....

.....

NAME, ADDRESS AND PHONE NUMBER OF FAMILY DOCTOR.....

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.....

IN THE EVENT OF A MEDICAL EMERGENCY, DO YOU GIVE PERMISSION FOR YOUR CHILD TO BE TAKEN TO THE SCHOOL'S CLINIC IF NEITHER THE NAMED CONTACT NOR YOUR FAMILY DOCTOR IS AVAILABLE TO TREAT YOUR CHILD?

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**SCHOOL EXPERIENCE**

NAME OF CHILD'S PREVIOUS SCHOOL.....

ADDRESS OF CHILD'S PREVIOUS SCHOOL.....

DATE OF PROPOSED ENTRY TO IMAGINATIONS SCHOOL.....

INFORMATION GIVEN WILL BE TREATED IN STRICT CONFIDENCE

FOR OFFICIAL USE ONLY

DATE ADMITTED.....

ADMISSION CLASS.....

\_\_\_\_\_  
SIGNATURE OF  
OFFICIAL

CHECK LIST

PASSPORT PHOTO (3)

COPY OF BIRTH CERTIFICATE

COPY OF LAST REPORT (PRESCHOOL/PRY)

COPY OF LAST TERM'S FEES