SEASIDE HEIGHTS
SECONDARY SCHOOL

Admin Officer to Affix Passport Photograph Here

New Student Application Form

To be filled out by parent/guardian

Student's Legal Name: _____ Usual Name:_____
Last *First* *Middle*

Male ☐ Female ☐ Age: _____ Date of Birth: ____/____/____ Class to be entered: _____

Nationality: _____ State of origin: _____

LGA: _____Religion: _____

School presently or last attended: _____ Last class completed: _____

Child's overall state of health: _____

Position of child in the family: _____

How would you describe your child's attitude towards school:

_____

_____

Describe your child's interests and extracurricular activities:

_____

How would you summarise your child's experience with school till date:

_____

_____

Why do you want your child to come to Seaside Heights Secondary School?

_____

If you answer 'yes' to any of the following questions, please explain further in the space provided below.

Does your child have any behavioural concerns? (please be sincere and open, this information is confidential) _____

Is your child currently an average, below average or above average performer academically?

_____

Has your child ever failed any class? (If Yes, which class?) _____

Has your child ever been suspended from school? _____

Does your child have any learning disability or need tutoring or special education? _____

Does your child have any allergies/health problems/physical limitations? (please provide as much information as you can on the health history of your child) _____

_____

Is your child currently on any medication? _____

If the lines provided for any of the questions above were not sufficient, please use this box for any additional explanations:

Name of Parent/Guardian A _____

Relationship to Child: _____ Address:_____

Email: _____

Mobile No(s): (+234) _____ (+234)_____

Place of Work/Business:_____

Name of Parent/Guardian B: _____

Relationship to Child: _____ Address: _____

Place of Work/Business: _____

Email: _____

Mobile No(s): (+234) _____ (+234) _____

Please state the following health records of the child:

Doctor's Name: _____

Hospital Name: _____

Doctor's Hospital Address and Phone Number: _____

_____

Medical Records (attach medical report) _____

Genotype: _____

Blood Group: _____

Your child's admission cannot be confirmed until the following have been received:

- N14,000 Admission Form Fee
- All signed and completed application forms
- Birth Certificate (photocopy)
- Two passport photographs
- Last school report card (photocopy)

The parents/guardians submitting this application are all those having legal custody over the child if not sharing one household.

Mother/Guardian A's Signature: _____ Date: ____/____/____

Father/Guardian B's Signature: _____ Date: ____/____/____

FOR SCHOOL OFFICE USE ONLY (tick/complete as applicable)

- Application Fee
- Birth Certificate
- Report Cards
- Passport Photographs
- Confidential School Report
- Student Registration Number : _____
- Admission Officer Name, Date and Signature: _____