



APPLICATION FORM

Date of Application:

PLEASE COMPLETE IN BLOCK LETTERS

Child's Personal Information

Surname:

Forenames:

Male/Female:

Home Address:

Date of Birth:

Place of Birth:

Nationality:

Religion:

Entry Level:

Name and Address of
Previous School (if applicable):

Names & Ages of Siblings:

Proposed Month of Entry:

Zayithland School Nurturing for Excellence

Address: Block 3, Folasade Jacobs Street, Onigbongbo, Oral Estate, Lekki Peninsula

Email: zayithland@gmail.com | Phone: +234 814682787; +234 9027672513



Parents Information

Father's Name:

Telephone No:

Occupation:

Email Address:

Business Address:

Mother's Name:

Telephone No:

Occupation:

Email Address:

Business Address:

Other Information

How did you hear about
Zayithland School?

Any additional comments:

Zayithland School
Nurturing for Excellence

Address: Block 3, Folasade Jacobs Street, Onigbongbo, Oral Estate, Lekki Peninsula

Email: zayithland@gmail.com | Phone: +234 814682787; +234 9027672513

Signature of Parent

Name:

Signature:

Zayithland School
Nurturing for Excellence

Address: Block 3, Folasade Jacobs Street, Onigbongbo, Oral Estate, Lekki Peninsula

Email: zayithland@gmail.com | Phone: +234 814682787; +234 9027672513



MEDICAL INFORMATION

A photocopy of your child/ward's medical record (including immunization record) signed by a medical doctor should be provided

Has your child/ward suffered from any of these illnesses? Please tick as applicable			
Yellow Fever	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis B	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Chicken Pox	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Measles	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Rheumatic Fever	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Mumps	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Rubella	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
AIDS	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
HIV	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Others (Please Specify)			
Physical Defects	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please specify			
Allergies	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please specify			
Has any food dislikes?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please specify			
Is your child/ward prone to colds, ear aches or other conditions?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please specify			
Special problems including nervous habits (toileting, eating etc.)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please specify			

Zayithland School

Nurturing for Excellence

Address: Block 3, Folasade Jacobs Street, Onigbongbo, Oral Estate, Lekki Peninsula

Email: zayithland@gmail.com | Phone: +234 814682787; +234 9027672513



Medical Emergency Contact

Your Doctor's Name:

Address:

Phone No:

Signature of Parent

Name:

Signature:

Date:

Zayithland School
Nurturing for Excellence

Address: Block 3, Folasade Jacobs Street, Onigbongbo, Oral Estate, Lekki Peninsula

Email: zayithland@gmail.com | Phone: +234 814682787; +234 9027672513