ADINOHEIGHTCOLLEGE

No 7, Ogunyanwo street, Sakura Estate, off Ayepe road, Sagamu Ogun state | www.adinoheightschools.com
info@adinoheightschools.com | +234 805 625 5718

PASSPORT PHOTOGRAPH (RECENT, COLOUR)

REGISTRATION NO.

For office use only

STUDENT ADMISSION FORM

FORM NUMBER	DATE OF ISSUE	ACADEMIC YEAR	TERM / SEMESTER

1 Student Particulars *(complete in block capitals)*

SURNAME * | FIRST NAME * | MIDDLE NAME | TITLE (MR / MISS / MASTER)

DATE OF BIRTH (DD / MM / YYYY) * | GENDER * ☐ Male ☐ Female | NATIONALITY * | RELIGION

Attach a certified photocopy of birth certificate or sworn affidavit.

PLACE OF BIRTH | LGA OF ORIGIN | STATE OF ORIGIN *

HOME / RESIDENTIAL ADDRESS *

CLASS / GRADE APPLYING FOR * | RESIDENTIAL STATUS * ☐ Day | BUS ROUTE / TRANSPORT | STUDENT PHONE (IF ANY)

2 Father's / Guardian's Particulars

FULL NAME * | RELATIONSHIP TO STUDENT * | OCCUPATION / PROFESSION

PRIMARY PHONE * | ALT. PHONE | EMAIL ADDRESS | OFFICE / BUSINESS ADDRESS

3 Mother's Particulars

FULL NAME * | RELATIONSHIP TO STUDENT | OCCUPATION / PROFESSION

PRIMARY PHONE * | ALT. PHONE | EMAIL ADDRESS | OFFICE / BUSINESS ADDRESS

4 Document Submission Checklist

Tick each document being submitted. Originals must be presented for sighting alongside photocopies.

- ☐ **Birth Certificate / Affidavit of Age** — *Original + 1 photocopy*
- ☐ **Passport Photographs (×4)** — *Recent, colour, plain white background*
- ☐ **Previous School Report Cards (last 2)** — *Both terms/sessions where applicable*
- ☐ **Proof of Residential Address** — *Utility bill not older than 3 months*
- ☐ **Completed Parent Consent Form** — *Attached as a separate document*
- ☐ **Transfer / School Leaving Certificate** — *From most recent school attended*
- ☐ **Immunisation / Vaccination Card** — *Original + 1 photocopy*
- ☐ **Parent / Guardian Valid ID** — *NIN slip, int'l passport, or driver's licence*
- ☐ **Completed & Signed Medical Form** — *Must be signed by a licensed physician*
- ☐ **Assessment / Entrance Test Fee Receipt** — *Payable at the bursary before test*

Important Reminders

- All fields marked * are compulsory — incomplete forms will be returned unprocessed.
- Complete this form in **BLOCK CAPITALS** using blue or black ink only. Do **not** use pencil.
- Submission of this form and payment of fees do **not** constitute an offer of admission.
- Admission is subject to satisfactory performance in the entrance assessment and available space.

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STUDENT FULL NAME (CARRY FORWARD FROM PAGE 1)

CLASS APPLYING FOR | FORM NUMBER

5 Previous School Record

NAME OF PREVIOUS SCHOOL * | LAST CLASS / GRADE COMPLETED * | YEAR OF LEAVING

SCHOOL ADDRESS | REASON FOR LEAVING * | SCHOOL TEL / CONTACT PERSON

6 Health Information *(compulsory — write "None" where not applicable)*

BLOOD GROUP * | GENOTYPE * | HEIGHT (CM) | WEIGHT (KG) | VISION / EYE CONDITION | IDENTIFYING MARK

KNOWN ALLERGIES * | EXISTING MEDICAL CONDITION(S) * | CURRENT MEDICATION (IF ANY) | DISABILITY / SPECIAL NEED

FAMILY DOCTOR / CLINIC NAME | EMERGENCY CONTACT NAME * | EMERGENCY CONTACT PHONE *

8 Notice to Parent / Guardian

- Submission of this form does **not guarantee admission**; all applications are subject to space availability and management approval.
- School fees become payable **only after** a formal written offer of admission has been received and accepted.
- The school reserves the right to withdraw an offer of admission if any information herein is found to be false or misleading.
- All fees paid are **non-refundable** once the student has been enrolled and resumption confirmed.
- Parents are advised to retain certified copies of all submitted documents for their personal records.

9 School Rules & Conduct Acknowledgement

By signing this form, the parent/guardian and student acknowledge that they have read, understood, and agree to abide by the rules and regulations of Adino Height School as set out in the Student Handbook, including but not limited to: attendance policy, uniform code, academic integrity, behaviour and discipline policy, use of school property, and fee payment terms.

- ☐ Student will adhere to the school uniform policy at all times
- ☐ Student will not bring prohibited items onto school premises
- ☐ Student agrees to the school's academic integrity policy
- ☐ Parent/Guardian agrees to attend scheduled PTA meetings
- ☐ Parent/Guardian agrees to the school's fee payment schedule
- ☐ Parent/Guardian consents to emergency medical treatment if needed

10 Declaration & Signatures

I/We hereby declare that all information furnished in this form is true, accurate and complete to the best of my/our knowledge. I/We understand that any misrepresentation or deliberate omission may result in immediate cancellation of admission without refund of any fees paid. I/We consent to the school contacting any institution, employer or person named herein for the purpose of verification, and to the school retaining this form as part of the student's permanent record.

PARENT / GUARDIAN SIGNATURE *

Printed Name: _____ Date: _____ / _____ / _____

STUDENT SIGNATURE (IF 12 YEARS AND ABOVE)

Printed Name: _____ Date: _____ / _____ / _____

11 For Official Use Only *(do not write in this section)*

ADMISSION NUMBER	CLASS ASSIGNED	RECEIVED & REVIEWED BY (NAME / SIGN)	APPROVED BY (NAME / SIGN)

DATE RECEIVED	ADMISSION STATUS	FEE PAYMENT REFERENCE NO.	REMARKS / NOTES

ADMISSIONS OFFICE STAMP & DATE

BURSARY / ACCOUNTS STAMP & DATE

HEAD TEACHER / PRINCIPAL APPROVAL