

Please give an outline of your child's artistic, dramatic, musical or sporting skills or experience:

3. Contact details

Full name of mother (Title: Dr/Mrs/Ms/Miss/other):

Full residential address:

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

Full name of father (Title: Dr/Mrs/Ms/Miss/other):

Full residential address (if different from mother):

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

4. Further contact information (please indicate below the marital status between the mother and father)

☐ Single ☐ Married (to each other) ☐ Separated ☐ Divorced ☐ Widowed

- a) In the case of different addresses, correspondence will be sent to both.
- b) In the case of only one parental contact, please could you provide a brief note of explanation (as ordinarily 2 signatures are required on the Application Forms):

Check if applicable: ☐ Father deceased ☐ Mother deceased ☐ Father has custody ☐ Mother has custody

5. Please indicate with whom the child is mainly resident:

☐ Mother ☐ Father ☐ Both equally ☐ Other

6. Please give an additional emergency contact:

Full name of emergency contact:

Relationship to child:

Full residential address:

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

7. Guardian in Nigeria if parents live abroad:

Full name of guardian (Title: Dr/Mrs/Ms/Miss/other):

Relationship to child:

Full residential address:

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

8. Does your child have any Learning Support requirements?

Does your child have any Learning Support requirements?

☐ Yes

☐ No

My child has been assessed for dyslexia and/or specific learning support requirements.

☐ Yes

☐ No

He/ She has been receiving extra one-to-one support or small group tuition.

☐ Yes

☐ No

He/ She has an Educational Psychologist's report (if Yes, please enclose a copy with this Application Form)

☐ Yes

☐ No

My child has extra time or other access arrangements in examinations.

☐ Yes

☐ No

(Any information you give will be treated confidentially and forwarded to the Head of Learning Support, who may contact you for discussion.)

9. Are there any special medical circumstances the school should be aware of?

Are there any special medical circumstances the school should be aware of?

☐ Yes

☐ No

(If yes, please provide us with details on an accompanying letter.)

Please remember to enclose the following with the application form:

1. A photocopy of your child's full birth certificate

2. A photocopy of your child's latest school report

3. Two (2) passport photographs

How did you hear about the City of Knowledge?

☐ Independent school's directory

☐ Sibling

☐ Local knowledge

☐ Friend / Relative

☐ Press article / TV / Radio

☐ Advertisement

☐ Primary school

☐ Internet

10. Declaration

We request that our child named above be registered as a prospective student. We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We also understand that the School may obtain, process and hold personal information about our child, including confidential information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

(Each of those with parental responsibility must sign and complete below. In the case of only one signatory please complete Question 4b.)

I declare that the information furnished by me is correct.

First signature:

Second signature:

Printed name in full:

Printed name in full:

Relationship to the child:

Relationship to the child:

Date:

Date:

We give permission for photographs taken while at school to be used for school marketing purposes e.g. prospectus, website.

☐

Yes

☐

No

On completion, please return this form to: **Admissions Office**

Itanrin-Ososa, Benin - Sagamu Expressway,

Ijebu Ode, Ogun State.

+234(0)8075093532, 08075093533, 07069039881

PMB 2144, Ijebu Ode.

E-mail: info@ckaintl.com

Website: www.ckaintl.com

OR

School Liaison Office

The KRC Ltd.

3 / 5, Boyle Street, Onikan, Lagos.

Tel: 01-8987373

FOR OFFICE USE ONLY

Form No.:

Receipt no:

Amount paid:

Date of payment:

Date form returned: