



# KINGSFIELD COLLEGE

## KINGSFIELD MAIN CAMPUS

8 - 14, Ijede Road,  
Yara Kan Bus-Stop,  
Okeletu, Ikorodu.

## KINGSFIELD COLLEGE

64, TOS Benson Road,  
Ebute Ikorodu.  
P. O. Box 1776, Ikorodu.

TEL: 0802 838 7225 (Ebute Campus)

0809 337 3169 (Ijede Campus)

E-mail: kingsfield\_college2006@yahoo.com

Website: www.kingsfieldcollege.com

Paste passport  
Photograph  
Here

### Day & Boarding

MOTTO: Arsenal of Excellence

## Admission Form

Form No: 000229

### STUDENT DETAILS

SURNAME OF YOUR CHILD

FIRST NAMES

DATE OF BIRTH

GENDER

NATIONALITY

PROPOSED YEAR GROUP

LANGUAGE (S) SPOKEN

RELIGION

PRESENT SCHOOL & ADDRESS

NAME OF HEAD TEACHER

CURRENT CLASS

CONTACT E-MAIL

PLEASE INDICATE: DAY STUDENT ☐

OR BOARDING STUDENT ☐

### ADDITIONAL STUDENT DETAILS

PLEASE GIVE AN OUTLINE OF YOUR CHILD'S ARTISTIC, MUSICAL OR  
SPORTING SKILLS OR EXPERIENCE



## STUDENT DETAILS

FULL NAME OF MOTHER

FULL RESIDENTIAL ADDRESS

OCCUPATION

NATIONALITY

COUNTRY OF RESIDENCE

OFFICE TELEPHONE

HOME TELEPHONE

MOBILE TELEPHONE

E-MAIL ADDRESS

FULL NAME OF FATHER

FULL RESIDENTIAL ADDRESS

OCCUPATION

NATIONALITY

COUNTRY OF RESIDENCE

OFFICE TELEPHONE

HOME TELEPHONE

MOBILE TELEPHONE

E-MAIL ADDRESS

## FURTHER CONTACT INFORMATION

(please indicate below the marital status between the mother and father)

Marital status:

Married

☐

Separated

☐

Divorced

☐

Widowed

☐

a. In the case of different addresses, correspondence will be sent to father ☐ mother ☐

b. ☐ In the case of only one parental contact, please could you provide a brief note of explanation

(as we require 2 signatures for the application form)

Check if applicable: Father deceased

☐

Mother deceased

☐

Father has custody

☐

Mother has custody

☐



**PLEASE INDICATE WITH WHOM THE CHILD IS MAINLY RESIDENT**

Mother ☐ Father ☐ Both Equality ☐ Other ☐

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

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 attach a copy with application form) Yes ☐ No ☐

My child has extra time or other access arrangement 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)

Are there any special medical circumstance we should be aware of? Yes ☐ No ☐

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

Please remember to attach the following for record keeping:

- a. A copy of your child's full birth certificate ☐
- b. A copy of your child's latest school report ☐
- c. Two (2) passport photographs of your child ☐
- d. Two (2) passport photographs of parent or guardian ☐
- e. A copy of your child's medical report ☐

How did you hear about **KINGSFIELD COLLEGE**?

Independent School's Directory ☐ Sibling ☐ Local Knowledge ☐ Friend/Relative ☐

Press / TV / Radio ☐ Advertising ☐ Primary School ☐ Website ☐

**DECLARATION**

We request that our child named above is 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 detail, and we consent to this for the purpose 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**

I declare that the information furnished by me is correct:

First Signature

Second Signature

\_\_\_\_\_  
Name in Full

\_\_\_\_\_  
Name in Full

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

We give Permission for Photographs taken while at school to be used for School Marketing purposes  
e.g. Prospectus, Website option.

Please note that early application is recommended. Offers of places are subjected to  
availability and the Admission requirements of the School at the time.

**FOR OFFICE USE ONLY**

Receipt No: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Date of payment: \_\_\_\_\_

Collected by: \_\_\_\_\_

**ENQUIRES**



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