



# JOPPA SCHOOLS

No. 6 Omoenu Street, off Dietake Street, Up – Agbarho Road, Ughelli, Delta State.

No. 4 Ovririe Street; Opposite Okiki Street, Uloho Avenue Ughelli.

**TO BE COMPLETED BY PARENT(S)/GUARDIAN**

**PLEASE FILL WITH BLUE INK IN CAPITAL LETTERS**

## STUDENT INFORMATION (AS SHOULD APPEAR ON ALL SCHOOLS RECORDS)

### **Applicant Personal Data:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Residence: \_\_\_\_\_

Email Address (*Optional*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male:  Female:  State of Origin: \_\_\_\_\_ LGA: \_\_\_\_\_

Name Preferred by Applicant: \_\_\_\_\_

Grade Apply: \_\_\_\_\_ for entrance in 20 \_\_\_\_/20 \_\_\_\_ academic session

Student's Native Language: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Preferred Campus: \_\_\_\_\_

### **Applicant's Health:**

Is there any issue requiring special attention? Yes  No

If yes please state: \_\_\_\_\_

Does your child have any food allergy? Yes  No

If yes please kindly state: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### **Parent 1 (Father) Biographical Information:**

Full Name: \_\_\_\_\_

Title: Mr. Mrs. Ms. Dr. Other (specify): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Residence: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Is Parent 1 an emergency contact: Yes  No

Does Parent 1 live with the applicant: Yes  No

Name of Business and Address: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Position: \_\_\_\_\_

### **Parent 2 (Mother) Biographical Information:**

Full Name: \_\_\_\_\_

Title: Mr.  Mrs.  Ms.  Dr.  Other (specify): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Residence: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Is Parent 2 an emergency contact: Yes  No

Does Parent 2 live with the applicant: Yes  No

Name of Business and Address: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Position: \_\_\_\_\_

**SCHOOLS ATTENDED DURING THE LAST TWO YEARS:**

School 1: \_\_\_\_\_

Address: \_\_\_\_\_

Date of attendance: \_\_\_\_\_

School 2: \_\_\_\_\_

Address: \_\_\_\_\_

Date of attendance: \_\_\_\_\_

**SIBLINGS: (PLEASE LIST NAME OF BIRTH DATE)**

**Names and ages of others children**

Applicant Sibling 1: \_\_\_\_\_

Applicant Sibling 2: \_\_\_\_\_

Applicant Sibling 3: \_\_\_\_\_

I hereby make application for enrollment of this pupil/student in Joppa Schools, and I enclose a non-refundable Application Fee of ₦1,000 with application. I understand that this will place the student's name on the tentative list of candidates but will not obligate the school or the applicant in any way.

Parent(s)/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) financially responsible for the student: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone Number(s): \_\_\_\_\_

**NONDISCRIMINATION POLICY**

Joppa Schools does not discriminate on basis of race, colour, sex, religion, national origin, sexual orientation or physically challenged in the administration of its educational, admissions, and financial aid policies, and faculty. All children are assigned to classes based on age and entrance assessment reports.

Also note that only assigned parties as indicated on this form can pick up children after school. If for any reason(s) you will not be able to pick up your child in person please call the above stated numbers before time.

We operate a trick pick up and drop off policy.