

Child's
Photograph
(2 copies)

Admission Form

Please read carefully, complete, sign and return to:

Britarch Schools

Voice of Nigeria way, off airport road, Lugbe Abuja

www.britarchschoools.com

Child Information	
Surname:	
First Name:	
Middle Name(s):	
Known as:	
Gender:	
Date of birth (dd/mm/yy):	
Nationality (Nationalities):	
1 st Language:	
2 nd Language:	
Preferred date of admission:	
Name(s) of siblings currently in school (if any)	
Are you a returnee family to BSA?	

School Information	
Current School/Previous School:	
Current grades:	
Current year group:	
Reason(s) for leaving	

Child's Medical Condition	No	Yes (please give details)
Any major health concerns:		
Learning Needs	No	Yes (please give details)
Any special education needs (SEN)/ Learning support currently received:		

Parent Information	Parent 1	Parent 2
Surname		
Forename(s)		
Nationality (nationalities)		
1 st Language		
2 nd Language		
Mobile number:		
Email address:		
Occupation:		
Religion:		

Child lives with (please tick)	Both parents	Parent 1	Parent 2	Other (please specify)

Contact Information	
Address:	
City:	
Emergency contact:	

FOR OFFICE USE ONLY

New Intake Test Result: _____

Admission No: _____ **Date of Admission:** _____ **Class Admitted into:** _____

Registration fee: _____

I _____

being the parent/guardian of this prospective pupil/student hereby confirm that the information given above is correct and all relevant information about my child has been provided.

Signature: _____

Date: _____