

MIDDLE & UPPER SCHOOL APPLICATION FORM

BRITARCH
SCHOOLS
ABUJA

For entry 2018/2019 Academic Session

Please complete this form yourself – do not ask anyone else to do it for you.
However you may consult your parents/guardian for information.

Once completed, please return to **Britarch Schools**, Voice of Nigeria way, off airport road,
Lugbe, Abuja, Nigeria.



Personal details		
Legal surname / family name	Legal forename(s)	
Preferred/known as forename(s)		
Date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality
Address	Student's mobile	
	Student's email	
Details of parents, carers, or guardians		
Mother's / guardian's full name	Mobile Phone:	
Occupation	Email:	
Father's / guardian's full name	Mobile Phone:	
Occupation	Email:	
Address (if different from above)		
Current school		
School name	School address:	
Dates attended this school	Last class/year:	
<i>From</i>	<i>To</i>	Class which admission is sought for:
Siblings Do you have other siblings? If yes what are their names and ages?		

Religion

Christian Muslim Other if other please specify _____

I am applying for Boarding Day

How did you hear about Britarch Schools? Flyer Radio Advert The Internet Recommendation

If Recommendation, by whom?

Others (please specify)

Have you thought about a possible career? Do you know what it involves and the qualification it requires?

Why have you chosen to apply to Britarch Schools?

Current progress

How well do you think you performed in your last result?

What do you find easiest/hardest and most/least enjoyable in your studies and your previous school?

What were your favourite subjects at school?

General interests

What do you do in your spare time?

What are your sporting interests?

Learning needs

Do you have any allergies or health problems? (including medication taken)

Yes No

Do you have any additional or special requirements? (e.g support for dyslexia, ADHD, Autism, Child Anxiety)

Yes No If yes please give details.

Do you have a statement of special educational needs?

Yes No

Do you speak any languages other than English at home?

If yes, please specify which languages these are

Yes No

Do you suffer from any illness which may affect your studies? *If yes, please give details of any illness*

Yes No

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Please attach the following:

- A copy of your most recent school report
- A copy of transfer certificate from your current school
- A copy of your birth certificate
- 2 recent passport photographs

I confirm that all the details given in this form are correct to the best of my knowledge.

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

FOR OFFICE USE ONLY

New Intake Assessment Result

ENGLISH

MATHS

GENERAL

Admission No: _____

Date of Admission: _____

Class Admitted into: _____

Director's Signature: _____

Date: _____