



# CAROLS INTERNATIONAL S

5/6 Ogwofia Street, New Haven, Enugu

*Reshaping young minds, one student at a time*

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Website: [www.carolsinternationalschools.com](http://www.carolsinternationalschools.com)

ATTACH  
2 PASSPORT  
PHOTOGRAPHS

## APPLICATION FORM

COLLEGE

To be completed and returned to the Head Of School

### THIS FORM DOES NOT GUARANTEE ADMISSION

This form must be accompanied by:

- Two passport photographs of the student.
- Original (For sighting only) and photocopy of the student's birth certificate.
- Most recent report from previous school.

I, \_\_\_\_\_  
(Title and full name in capital letters please)

Wish to enroll my child \_\_\_\_\_ in Carol's  
International School.

### STUDENT'S DETAILS

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

State of Origin: \_\_\_\_\_ L.G.A. \_\_\_\_\_ Town: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

Previous School: \_\_\_\_\_

Previous Class: \_\_\_\_\_

Class applying for:        
JSS 1 JSS 2 JSS 3 SS 1 SS 2 SS 3

Who does the student live with? \_\_\_\_\_

### FATHER'S DETAILS

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

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

State of Origin: \_\_\_\_\_ L.G.A. \_\_\_\_\_ Town: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Designation: \_\_\_\_\_

Phone Number(s): Office: \_\_\_\_\_ Home: \_\_\_\_\_

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

### MOTHER'S DETAILS

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

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

State of Origin: \_\_\_\_\_ L.G.A. \_\_\_\_\_ Town: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Designation: \_\_\_\_\_

Phone Number(s): Office: \_\_\_\_\_ Home: \_\_\_\_\_

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

### STUDENT'S HEALTH RECORD (Strictly Confidential)

Has he/she suffered from any of the following illnesses? Please tick and include dates.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Measles _____   | <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Whooping cough _____ |
| <input type="checkbox"/> Rubella _____   | <input type="checkbox"/> Typhoid _____     | <input type="checkbox"/> Meningitis _____     |
| <input type="checkbox"/> Head lice _____ | <input type="checkbox"/> Ringworm _____    | <input type="checkbox"/> Conjunctivitis _____ |

Others, specify: \_\_\_\_\_

Has the student undergone any surgical operation? If yes, state type and year of operation. Kindly attach surgical report. \_\_\_\_\_

Please tick below if your child/ward suffers from the following ailments.

- |   |  |
|---|--|
| Respiratory infection? Yes <input type="checkbox"/> No <input type="checkbox"/> | Ear, nose or throat problem? Yes <input type="checkbox"/> No <input type="checkbox"/>    |
| Eye Problem? Yes <input type="checkbox"/> No <input type="checkbox"/>           | Any other infirmity or allergy? Yes <input type="checkbox"/> No <input type="checkbox"/> |

### REFERRAL RECORD:

#### How did you hear about us?

Social Media: Facebook  Instagram  Twitter  Google  Others

School's Parents, kindly share name: \_\_\_\_\_

Staff, kindly share name: \_\_\_\_\_

Alumni, kindly share name: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Why do you choose to enroll your child/children in Carol's International School?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ILLNESS AND ACCIDENT INDEMNITY

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_

In the event that your child becomes seriously ill or injured while at school, the school will take actions as stated below:

- Appropriate first aid will be administered immediately when the situation calls for it.
- In extreme emergencies, your child will be taken immediately to school's designated hospital emergency room and you will be contacted and advised of the situation. In most cases however, efforts will be made to contact you first and to seek your advice concerning the action taken by the school.
- In the event that you cannot be located or in extreme emergencies, the school will decide whether immediate medical treatments is needed and will act accordingly.

In order to assure that proper medical treatment can be obtained under the conditions described Above, we request that you complete the portion below, giving the school permission to obtain medical treatment for your child, certifying that you will accept the financial responsibility of payment of any ambulance, hospital and/or physician's bill and charges.

I, \_\_\_\_\_ the undersigned, give permission to the Management of Carol's International School, the teachers, staff or persons working on its behalf, to act in my absence in emergency situations to obtain medical treatment for my child.

I agree to accept full responsibility for the payment for all hospital and physician's bills and charges for any services rendered.

Parents' signature

Father \_\_\_\_\_

Mother \_\_\_\_\_

Date: \_\_\_\_\_

### **PARENTAL UNDERTAKING**

We, the Parents/Guardians of \_\_\_\_\_ hereby undertake with absolute commitment to the best of our ability to:

- Ensure that our child comes to school regularly, punctually, neatly and appropriately dressed.
- Inform the school in advance, except where inevitable, of any absence of the child from school.
- Ensure that our child to school by 7.20 a.m. daily knowing and accepting that the school gate shall be closed by 8.00 a.m.
- Comply with picking our child on time knowing and accepting that the school shall close on Mondays – Fridays at 3.10 p.m. every day.
- Compulsorily pay the prescribed overtime charge of ₦500 per hour beyond closing time daily should we fail to pick our child on time.
- Consistent late pick-ups without significant communication may lead to inviting the parent/guardian for a chat with the Head of School.
- Encourage and nurture our child to work hard and be well behaved at all times in and out of school in order to achieve his/her full potential.
- Discourage bullying in all its ramifications by our child.
- Deal with teachers with absolute respect and decorum at all times.
- Direct all visits and enquiries during school hours to the Admin Office or that of the Head of The School.
- Lunch must be cooked food and must not contain excessive oil.

- Comply with the acceptable school uniform policy. Any modification to school uniform other than adjustments for proper fit is unacceptable.
- Comply strictly with all school rules and regulations.

We, the parents/guardians of \_\_\_\_\_ have read, understood and agreed with everything in the Parental Undertaking and wish to abide by it.

\_\_\_\_\_  
**Father's Name**

\_\_\_\_\_  
**Mother's Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**