

ADMISSION FORM



Affix Passport
Size Photo of the
Child/Pupil

FLOURISH COURT SCHOOL

9, Oluwole Baker Street, Thomas Estate, Ajah
Tel: 0912 484 8288, 0915 416 9482, 0915 416 9483
E-mail: flourishcourt21@gmail.com

Admission required for:

Creche Playgroup Pre-School Nursery Primary

NOTE: FILL THE BELOW IN CAPITAL LETTERS ONLY

A. Information Of The Child:

Last Name: _____ First Name: _____ Middle Name: _____

Date Of Birth: / / Place Of Birth: _____ Gender: M F
 D D / M M / Y Y Y Y

Age Last Birthday: _____ Nationality: _____

B. Parents/Guardian Details:

Father

Name _____ Address _____

Phone _____ E-mail Address _____

Mother

Name _____ Address _____

Phone _____ E-mail Address _____

Guardian

Name _____ Address _____ Relationship _____

C. Correspondence Address Of Father/Mother/Guardian:

D. Name Of Person(s) Who May Pick Up Child From School:

Name _____ Phone No(s) _____ Relationship _____

E. Emergency Contact:

Name _____ Phone No(s) _____ Relationship _____

I Give Permission For My Child's Picture To Be Used For Class Projects/Website.

Parent(s) Signature & Date: _____ Official: _____
Class Admitted: _____
Date: _____

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MEDICAL DETAILS OF PUPIL TO BE FILLED BY PARENTS

A. Information Of The Child:

Last Name: _____ First Name: _____ Middle Name: _____

Date Of Birth: / / Place Of Birth: _____ Gender: M F

Age Last Birthday: _____ Nationality: _____

B. Name of Family Doctor (If any):

Tel No(s): _____

Family Health Insurance (If any): _____

C. Health Condition(s): Is the Child susceptible to:

- Seizures/Epilepsy Fainting Diabetes Blood Pressure Asthma
 Allergies Constant High Temperature Others (Please Specify)

D. Is your Child presently on any prescribed medication: Yes No

If 'yes' is the school allowed to administer the medication? Yes No

E. Is your Child/Ward suffering from any allergy? Yes No

If 'yes,' please specify: _____

F. Is there any other information regarding your Child's well being?

G. In case of any medical emergency, please state below contact of your medical personnel:

Address

Phone

H. Notwithstanding (F) above, I consent to the school Authority administering basic first aid and make all reasonable attempts to contact me in the event.

Name of Parent/Guardian: _____

Phone Nos: _____ E-mail: _____

Signature & Date: _____



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BUS APPLICATION FORM

A. STUDENT'S INFORMATION (TO BE FILLED BY PARENT/GUARDIAN)

Student's Name: _____

House Number/Unit/Street: _____

Landmark: _____

Telephone No of Pupil's Parent/Guardian: _____

Mobile No/Work No: _____

E-mail Address: _____

B. PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____

Home Phone: _____

Mobile No./Work Phone: _____

E-mail Address: _____

C. CONDITIONS OF USE

An optional and limited bus service is provided for enrolled pupils residing within the surrounding area. Bus services are made available where road conditions and routes permit the service to be provided in a safe and economical manner. FCS reserves the right to cancel services should conditions be deemed unsafe. Parents must ensure that students are delivered and collected by the designated parent/guardian at the scheduled times. The School shall ensure that care is taken in driving and the maintenance of the vehicles. The school, school employees and contractors accept no liability for loss or injury in the event of accident.

D. BUS FEE

Fees are payable in advance and no refund is offered where the service is not fully utilized by the Pupil due to no fault of the school.

E. AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the information is true and correct. I understand the conditions of use and will ensure my child follows the school bus behavior code as noted below.

Signature of parent/guardian

Date