



CEDARVILLE SCHOOL

Plot 1, Block 82, Solekan Oniyeye Estate, Oke-Badan Estate, Opposite Hotel Bus Stop, by NPG Gardens, Akala Way, Akobo Ibadan, Oyo State.
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APPLICATION FOR ADMISSION

ADMISSION YEAR: 20 /20

Please fill this form in Capital letters & with BLACK INK

PART 1: INFORMATION OF THE CHILD

A. CHILD'S BIODATA

Surname First name

Other name (s) (Please write names as written on the birth certificate)

Gender: Male Female

Date of Birth: Day Month Year

Residential Address:

LGA Religion Place of Birth

Nationality State of Origin

B: DETAILS OF PREVIOUS STUDY

S/N	School Name	Country	City	Year/Grade level	From	To
1.						
2.						
3.						

C. ADDITIONAL INFORMATION ABOUT THE CHILD

1. Has your child/ward had any behavioural problems in school? Yes No

If yes, please give details.

2. Has your child/ward ever been placed out of his/her age group in any subject? Yes No

If yes, please provide details.

3. Has your child/ward ever been suspended or expelled from or asked to leave a school at any time? Yes No Please give full details.

4. Please indicate the subject areas activities that your child/ward enjoys most and is very interested in.

5. Please indicate the areas in which your child/ward has demonstrated significant achievements.

6. Leadership positions held in previous schools

7. Club or extra-curricular activities involved with in previous school

8. What are your expectations of the school regarding your child/ward's education?

D. STUDENT'S LANGUAGE OF COMMUNICATION

S/N	Language(s) Spoken at Home	Fluent	Non-Fluent
1.			
2.			
3.			

PART 2. FAMILY INFORMATION

A. FATHER'S DETAILS

Surname First Name

Other name Phone contact 1

Phone Contact 2 Personal Email

Nationality State of Origin LGA


Residential Address

Occupation Field/Sector of Industry

Name of Company/Organisation

Office Email Office Phone Religion

Office Address



Affix
Passport
here

B. MOTHER'S DETAILS

Surname First Name

Other name Phone contact 1

Phone Contact 2 Personal Email

Nationality State of Origin LGA


Residential Address

Occupation Field/Sector of Industry

Name of Company/Organisation

Office Email Office Phone Religion

Office Address



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C. GUARDIAN'S DETAILS


Surname First Name

Other name Phone contact 1

Phone Contact 2 Personal Email

Nationality State of Origin LGA

Residential Address



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here

Relationship to the child Religion
 Occupation Field/Sector of Industry
 Name of Company/Organisation
 Office Email Office Phone
 Office Address

D. SIBLING(S) DETAILS

S/N	Name	Age
1.		
2.		
3.		

(Please indicate any sibling who currently attends or who have attended Cedarville School)

PART 3. GENERAL HEALTH INFORMATION

Blood group Blood Genotype Child's Immunization Record

Any special needs? Yes No

If yes, please give details

Any allergy? Yes No

If yes, please give details

Any medical condition? Yes No

If yes, please give details

Any medication taken for any medical conditions or for general wellbeing? Yes No

If yes, please give details

(Please attach any other necessary medical document)

PART 4.

A. OTHER IMPORTANT INFORMATION

Write a short statement on why Cedarville School is your preferred school

Other school(s) being considered?

How did you hear about Cedarville School? Billboard Friends Flyer Website

Social Media Others (please specify)

B. PHOTO/VIDEO CONSENT

The School takes photographs and videos for various activities that the children are involved in and these are sometimes used for Social media, website, school prints and designs to promote the work of Cedarville School through the media. Please feel free to write the school management if you do not wish to have your child's image used for such purposes.

C. APPLICATION SUPPORTING DOCUMENTS

Completed Application Form

Two recent colored passport photographs of the child

Two recent colored passport photographs of each parent

Two copies of Birth Certificate

Two copies of the last two (2) Academic Records

Character testimonial from child's current school

Transfer/Recommendation letter from current school

Two copies of Immunisation record

Please Note:

Staple all documents to the top left corner of this application form

Original copies of all supporting documents are to be presented to the school for verification

All fees are non-refundable and non-transferable

The school reserves the right to determine the appropriate year group for a child

Submission of this form does not mean automatic admission

A child will only be considered for admission when the application form has been completely filled and submitted with all the required documents

Consideration for admission is also subject to availability of space and the satisfaction of all the requirement

Please visit our website for details on admission procedures

D. DECLARATION

I (Mr./Mrs./Miss) _____, as the legal parent/guardian of the above-named child hereby declare that I have the right to admit my child/ward into Cedarville School for admission. I declare that all the information provided in this application are correct to the best of my knowledge and if any is found to be untrue, I shall take responsibility for any decision made by the school management. If he/she is given admission, I agree to adhere to the policies, rules, regulations and fee structure of Cedarville School.

Parent/Guardian's signature _____ Date _____

FOR OFFICE USE ONLY							
Date Receive	Application fee paid	Age on 1 Sept	Year group	Place offered	Test Result	Start Date	Admission Number

Comments _____

Recommendations _____

Admission Officer's Signature _____ Date _____