



# REGISTRATION FORM

## FOR OFFICE USE ONLY

Reg. Fee..... Ent. Exam Date..... Age at Registration.....  
Entry Date..... Siblings/OR etc..... Visit Date.....  
Admission No. ....

1. **Surname of Your Child:**.....

**First Names:**..... Male/Female.....  
*(Please underline the name generally used)*

Date of Birth:..... State of Origin..... Religion.....  
*(Please send Birth Certificate)*

Nationality .....

**Proposed Entry Date**.....

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2. **Father's Title, Full Name and Address:**.....  
.....  
.....

**E-Mail**..... **Occupation**.....

Daytime Telephone..... Evening Telephone.....

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3. **Mother's Title, Full Name and Address (if different from above)**.....  
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.....

**E-Mail**..... **Occupation**.....

Daytime Telephone..... Evening Telephone.....

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4. Please mention here the names of any other members of the family attending the School or registered for entry, or any other connection with the school.....  
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New Hall International School, Chevy View Estate, Off Chevron Drive, Off Udeco Medical Road, Lekki  
P.O.BOX 52363, Ikoyi, Lagos, Nigeria

Tel: 01-4530845-7, 07067847977, 08033395673, 08122212771

Website: [www.newhallschool.com.ng](http://www.newhallschool.com.ng)

Email: [info@newhallschool.com.ng](mailto:info@newhallschool.com.ng)

5. Please say how you first heard of the School. Was it from:

- Our Parents                       Students                       Advertisement
 

Handbills
Radio
Television
- Teachers                      Other (please give details) .....

6. Does the child have any siblings (other than mentioned at 4. overleaf)?

Name(s)/Date(s) of Birth .....

7. Please state the name and address of present school (*with dates*)

.....  
Name of Head.....

8. Please outline any of your child's artistic, dramatic, musical or sporting skills or experience (*if applicable*).....

9. Please give an outline of your child's other hobbies or interests (*if applicable*).....

10. Please provide details of any medical condition (including allergies) learning difficulty or disability of your child of which we should be made aware (*if applicable*).....

**Notes:** Early registration is recommended. Registrations will be considered subject to availability and the admission requirements of the School at the time when places are offered. A copy of the current edition of the standard terms and conditions will be supplied on request. It should be noted that the acceptance deposit is required at the time of signing the Acceptance Form.

**DECLARATION**

We request that the name of my/our above-named child be registered as a prospective pupil. A draft for the non-returnable registration fee of ₦200,000.00 is enclosed. We understand that the standard terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

<b>First Signature</b> .....	<b>Second Signature</b> .....
Name in full.....	Name in full.....
Relation to the Child.....	Relation to the Child.....
Date.....	Date.....



## **DETAILS OF MEDICAL HISTORY**

NAME.....

DATE OF BIRTH.....

TOWN & COUNTRY OF BIRTH.....

ADDRESS.....

.....

NAME AND ADDRESS OF G.P.....

.....

DETAILS OF VACCINATION & DATES.....

.....

DETAILS OF SERIOUS ILLNESS/OPERATIONS & DATES.....

.....

DETAILS OF ANY DISABILITIES.....

.....

DETAILS OF ANY ALLERGIES.....

.....

NAME AND ADDRESS OF DENTIST.....

.....

PARENT/GUARDIAN.....

SIGNED.....

DATE.....



**NEWHALL INTERNATIONAL SCHOOL, LEKKI.**

Parents can become involved by completing a 'My Child at Home' Form.

**My Child at Home**

Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

My child's favourite food is .....	My child's favourite toys are.....
My child makes me smile when.....	My child's favourite play mates are.....
My child finds it hard to.....	My child needs.....
I will be pleased when my child can.....	
I think it would help you to know.....	

Signed.....(Parent/Carer)

Date.....

**NEWHALL INTERNATIONAL SCHOOL, LEKKI**

Completed admission form to be returned with child's:

- 2 passport photographs
- A copy of birth certificate
- Last report sheet (result) from the child's former school
- A proof of Immunization

Thank you for entrusting your child in our care.

