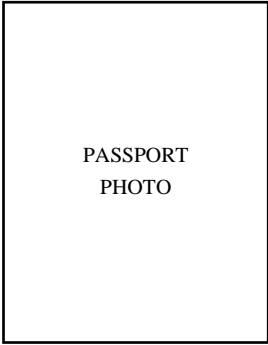




The Imperial Schools
Before Orion Hotel, Akpeki Crescent, Sapele, Delta State

Application No.: IMP-ADM-000001



ADMISSION APPLICATION FORM

Primary School (Nursery & Primary Section)

SECTION A – STUDENT INFORMATION

| | | | |
|----------------------------|--|--------------------|--|
| Surname | | First Name | |
| Other Names | | Gender | |
| Date of Birth (DD/MM/YYYY) | | Nationality | |
| State of Origin | | LGA | |
| Class Applying For | | Academic Session | |
| Previous School | | Reason for Leaving | |
| Home Address | | | |

SECTION B – PARENT / GUARDIAN INFORMATION

| | | | |
|------------------------------------|--|-----------------|--|
| Parent/Guardian Name | | Relationship | |
| Phone Number | | WhatsApp Number | |
| Email Address | | Occupation | |
| Office Address | | | |
| Residential Address (if different) | | | |

SECTION C – EMERGENCY CONTACT (OTHER THAN PARENT)

| | | | |
|--------------|--|--------------|--|
| Full Name | | Relationship | |
| Phone Number | | Address | |

SECTION D – MEDICAL INFORMATION

| | | | |
|-------------|--|----------|--|
| Blood Group | | Genotype | |
|-------------|--|----------|--|

| | | | |
|---------------------------------|--|---------------------------|--|
| Any Allergies? (Yes/No) | | If Yes, Specify | |
| Any Medical Condition? (Yes/No) | | If Yes, Specify | |
| Health Provider/HMO (optional) | | Doctor's Phone (optional) | |

SECTION E – ACADEMIC DETAILS

| | | | |
|---|--|-----------------------------------|--|
| Preferred Entry Level (Nursery/Primary) | | Can the child read? (Yes/No) | |
| Can the child write? (Yes/No) | | Special Learning Needs (optional) | |

SECTION F – DOCUMENTS ATTACHED (Tick where applicable)

| | | | |
|-----------------------------|--------------------------|--|--------------------------|
| Birth Certificate | <input type="checkbox"/> | Passport Photograph | <input type="checkbox"/> |
| Last School Result/Report | <input type="checkbox"/> | Transfer/Testimonial | <input type="checkbox"/> |
| Immunization Card (Primary) | <input type="checkbox"/> | National ID/NIN Slip (Secondary, optional) | <input type="checkbox"/> |

SECTION G – DECLARATION

I hereby certify that the information provided in this form is true and correct. I understand that the school reserves the right to withdraw admission if any information is found to be false.

| | | | |
|---------------------------|--|------|--|
| Parent/Guardian Signature | | Date | |
|---------------------------|--|------|--|

FOR OFFICIAL USE ONLY

| | |
|--|--|
| Application Number | |
| Payment Status / Reference | |
| Entrance Test Score | |
| Interview Result | |
| Admission Status (Approved/Not Approved) | |
| Class Admitted Into | |
| Registrar/Principal Signature | |
| Date | |

Note: Attach a passport photograph or upload during online application. Keep a copy of your payment receipt for reference.