Lekki British Junior School

Tel:01- 2708089, 01-4541897, E-mail: lbjs@lekkibritishshool.org

APPLICATION FORM

NAME *(Child's name)*: .....

***(Boy/Girl)* Date of Birth:** .....

(Please print clearly)
Parents Names: Mother: .....

Father: .....

Home Address:	Telephone (Home):	
	Mother (Work):	
	Mother (Mobile):	
	Father (Work):	
	Father (Mobile):	

First Language: ..... **Religion:** .....
(Please specify language spoken at home) *(e.g. Christian, Muslim, Jewish etc.)*

Professions:

Father: ..... **Mother:** .....

Previous School: (*If applicable please specify the last school attended).*
Name & Address: _____
_____
_____
Telephone/E- mail: _____

I would like my son/daughter to join Lekki British Junior School the term beginning:
Month: _____ **Year:** _____

I enclose a non-refundable application fee of £100 per child.
N.B. BOTH PARENTS MUST SIGN

Signed: Mother: _____ Father: _____

Please name any siblings already attending **LBJS** or **LBIHS**:

Thank you for completing this application form. Please return it together with the application fee, two passport photographs, copy of birth certificate or passport and previous school report if applicable to: -

The Headmaster The School Secretary The Accountant

Lekki British Junior School

Medical/Indemnity Form

Name of Child: _____

Date of Birth: _____

Father's Name: _____

Home Address: _____ Tel: _____

Work Address: _____ Tel: _____

Mobile Tel: _____

Mother's Name: _____

Home Address: _____ Tel: _____

Work Address: _____ Tel: _____

Mobile Tel: _____

Guardian's Name: _____

Home Address: _____ Tel: _____

Work Address: _____ Tel: _____

Mobile Tel: _____

Name of Clinic: _____

Family Physician: _____

Address: _____ Tel: _____

Any Allergies: _____

Blood Group: _____ **Genotype:** _____

Any medical condition e.g. Asthmatic, Sickler: **Yes** ☐ **No** ☐

If yes, please specify _____

_____

Any medication: _____

Your signature is our authorization to call on your physician in case of emergency. If we cannot reach your physician, we shall use any other hospital or surgery deemed suitable by the school and you shall be liable to pay the fees.

Parent signature: _____ **Date:** _____