LEKKI BRITISH SCHOOL

Application For Admission



PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN BLOCK CAPITALS.

Candidate's Details

Surname:	Proposed Start Date: School year at entry (please select):		
Forename(s):			
Preferred forename: (if different from above) Date of birth: Day/Month/Year e.g 24/03/1974	Year 7 Year 8 Year 9 Year 10 Year 11 Attendance Type: Day Student Weekly Boarding Full Boarding Language spoken at home:		
Gender: Male ☐ Female: ☐ Candidate's address (see below for parent details):	Nationality: Religion:		
	Interests (eg music, drama, sports, reading):		
Parents' Details	·		
FATHER	MOTHER		
Title:	Title:		
Surname:	Surname:		
Forename:	Forename:		

Address (if different from candidate's)	Address (if different from candidate's)

Tel (home):	Tel (home):
Tel (work):	Tel (work):
Mobile:	Mobile:
(please indicate which is the main contact number)	(please indicate which is the main contact number)
Email:	Email:
Occupation:	Occupation:
Employers Name & Address	Employers Name & Address
communicate by email as much as possible during the will be checked regularly and advice us immediately information nearer to the time of our assessment.	given on this form subsequently change. It is our intention to entry procedure, so please provide an email address which of any changes. You will be asked to supply further a guardian for their child before admission to the school.
Candidate's present school	
Name of school:	Name of Principal/Head:
Address of school:	:
	Tel:
	Fax:
	Email:
May we contact the principal or Head? YES ☐ N This will not be done without your consent but must be	iO □ e done before the candidate attends or takes examinations.
Background information	
How did you find out about Lekki British School?	
Family ☐ Friends' ☐ Local knowledge ☐ Curre	ent School Website Newspaper Publication
Agency Other	
Please give details:	

Have you applied through an agency? Please give deta (NB we are pleased to accept direct applications and	

Does the candidate hav	e a brother or sister who has	s attended or is applying to	LBS? YES	□ NO □
Sibling name(s)		Sibling(s) date of birth		
			Day/Month/Ye	ar e.g 24/03/1974
Do you have a family co	onnection with the school?	YES	. □ NO □	
If yes, please give details				
Have you visited the scl	nool (eg personal visit, open	day)? YES	□ NO □	
If yes, please give details				
Other applications:				- 61
Has an application been If yes, please give details		ner school in Nigeria? YES		
Declaration				
terms and conditions require and will apply	e candidate be registered a of the school will undergo in all our dealings with the airements of the school at th	reasonable changes from school. Offers of places at	time to time	as circumstances
Parent's signature:	P-			
Parent's name:	-			
Date:	//			
	Day/Month/Year e.g 24/03/197	4		

A registration fee of NGN 50,000.00 will have to be paid to the Registrar in order for the application to be processed.