Application for Admission



Please complete this form clearly in **BLOCK CAPITALS**

I am applying for admission to (please t	cick one)	thony Campus	Lekki Campus	
I am applying as a (please tick one)	Da	y Student	Boarder	
1. STUDENT'S DETAILS Surname, first name and other name(s)	of student (as regist	ered on birth certifica	te).	
Surname	First name	Other	name(s)	
Date of birth Place	of birth	Nationality		
Home Address				
Home language	First langu	age	Religion	Gender M F
Ethnicity				
Schools Attended				
1. Name	Year	City / Country		Class
2. Name	Year	City / Country		Class
3. Name	Year	City / Country		Class
2. PARENT / GUARDIAN DETAILS				Billing Letters
Name			Nationality	
Relationship to student				
Home Address				
Occupation		E-mail		
Company Name & Address				
3. PARENT / GUARDIAN DETAILS				Billing Letters
Name			Nationality	
Relationship to student			Tel	
Home Address				
Occupation		E-mail		
Child lives with Both parents	Mother F	ather Guardian		
4. GUARDIAN DETAILS				Billing Letters
Name			Nationality	
Relationship to student			Tel	
Home Address				
Occupation		E-mail		
Company Name & Address				

5. ADDITIONAL DETAILS
Links to the school Old students Currrent students Staff Family member Social connections
Other (kindly specify)
How did you hear about us? Television Radio Exhibition Social Media Print
Other (kindly specify) Friend/Family NAMEOFPARENT (Pls indicate if Greensprings' parent)
What are the reason(s) you have chosen Greensprings School?
Other schools being considered?
Sometimes we take photographs or videos of children when they are involved in various activities at our school. These pictures and video recordings could be used by the school for displays, to promote the work of Greensprings in the media, on the website and any authorized third party platforms. If you do not wish to have your child's image used, please write to the Head of School.
Parent's instruction for medical care in case of an emergency
Additional information can be attached to this application form on a separate sheet of paper. Please inform us of any special interest of your child and if he/she has any known medical condition, health issues or allergies which you would like us to be aware of.
The school reserves the right to determine the appropriate year group placement for each applicant.
The school reserves the right of expulsion for grave acts of misconduct.
I understand that either one full term's notice in writing or payment of one full term's fees in lieu is required in the event of withdrawing the pupil for any reason.
The registration fee is a one-time payment per school section (Pre-school, Elementary, Secondary & Sixth Form) and is non refundable or transferable.
All fees are non refundable & non transferable.
 NOTE Please attach a photocopy of the applicant's birth certificate and a character testimonial from your child's current school, the last academic report and 2 passport photographs Pupils will only be considered as candidates for admission and entry into Greensprings when the Admission Form has been completed and returned with all relevant documents. By signing this form, you give Greensprings School permission to contact your child's current school for relevant information Admission is subject to availability of space and the pupil satisfying the admission requirements.
Greensprings School shall ensure that our school environment is conducive for the welfare and education of children in our care. Every action and decision taken by the school will be made in consideration of what is in the child's best interest and relevant to local and international policies. The school adopts a zero tolerance policy for any act of child abuse, violence, discrimination and bullying.
Before signing the enrolment form, please read the clauses that are highlighted on the declaration carefully.
To the best of my knowledge, the details on this form are correct.
I Mr/Mrs parent/guardian of
understand that the age group of my child should be within that stipulated by the school policy and that the application fee is non-refundable.
Signature Date Tel:
6. OFFICIAL USE
Text result Comments
Recommendation

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