



# LINDENGATES ACADEMY

## ADMISSION FORM

### CHILD'S DATA

SURNAME: \_\_\_\_\_  
OTHER NAMES: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
STATE OF ORIGIN: \_\_\_\_\_  
LOCAL GOVERNMENT AREA: \_\_\_\_\_  
RELIGION: \_\_\_\_\_  
PREVIOUS SCHOOL: \_\_\_\_\_  
LAST CLASS: (Pls. attach a photocopy of last academic report) \_\_\_\_\_  
CLASS APPLIED FOR: \_\_\_\_\_  
CHILD'S BLOOD GROUP: \_\_\_\_\_ DISABILITY: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_

PLEASE, AFFIX  
CHILD'S RECENT  
PASSPORT

### FAMILY INFORMATION

NAME OF FATHER: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
MOBILE NUMBER: \_\_\_\_\_ OFFICE PHONE NO: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
FAMILY DOCTOR'S NAME: \_\_\_\_\_  
HOSPITAL ADDRESS & PHONE NO: \_\_\_\_\_  
NAME OF MOTHER: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
MOBILE NUMBER: \_\_\_\_\_ OFFICE PHONE NO: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
NAME OF GUARDIAN: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
MOBILE NUMBER: \_\_\_\_\_ OFFICE PHONE NO: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

(Please attach a copy of child's inoculation records, last academic report and Birth Certificate)

Father's signature & date

Mother's signature & date

Guardian's signature & date

### FOR OFFICIAL USE ONLY

NAME: \_\_\_\_\_  
CLASS: \_\_\_\_\_  
MATH: \_\_\_\_\_ ENG.: \_\_\_\_\_ SCI./GEN P. \_\_\_\_\_ TOTAL: \_\_\_\_\_ AV.: \_\_\_\_\_  
ADMISSION OFFERED? ☒ YES ☒ NO

ADDITIONAL COMMENTS: \_\_\_\_\_

## ADMISSION FORM ANNEXURE

### Additional Parent Details

Occupation (Mom) : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation (Dad): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PLEASE, AFFIX  
DAD'S RECENT  
PASSPORT

PLEASE, AFFIX  
MOM'S RECENT  
PASSPORT

How did you hear about Lindengates Academy?

Lindengates has discounts for referrals. Kindly give the full name and contacts of persons whom you know may be interested in Lindengates Academy.

1. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Please indicate the name of person authorized to collect your ward from school and attach his/her passport photo.

PLEASE, AFFIX  
RECENT PASSPORT  
OF AUTHORIZED  
PERSON IF NOT  
DAD OR MOM

PLEASE, AFFIX  
RECENT PASSPORT  
OF AUTHORIZED  
PERSON IF NOT  
DAD OR MOM

### Child's Medical History

Does your child have any of these health conditions? This must be completed as accurately as possible.

- a. Allergies \_\_\_\_\_ b. Sickle cell \_\_\_\_\_ c. Asthma \_\_\_\_\_
- d. Accidents/operation \_\_\_\_\_ e. Recurring sickness \_\_\_\_\_
- f. Emotional issues \_\_\_\_\_ g. Anorexia \_\_\_\_\_ h. others \_\_\_\_\_

If yes, please indicate the condition \_\_\_\_\_