



## WALDORF KNOLL ACADEMY

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ABUJA.

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### Application for Admission

*We welcome your application for your child. In order to complete the enrollment it is important that all parts of this application are complete. PLEASE PRINT CLEARLY.*

Date of Application: \_\_\_\_\_

☐ Traditional School

☐ Online School

#### CHILD'S INFORMATION

Child's First Name: \_\_\_\_\_

Child's Middle Name: \_\_\_\_\_

Child's Surname: \_\_\_\_\_

Current Age: \_\_\_\_\_ year(s) \_\_\_\_\_ months

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

State of Origin: \_\_\_\_\_ Local Government: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade you are applying for \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

#### EDUCATIONAL INFORMATION

Current School: \_\_\_\_\_

Date (From-To): \_\_\_\_\_

Address: \_\_\_\_\_

Previous School(s) Attended			
#	School Name	Grade (From-To)	Date (From -To)

## FAMILY INFORMATION

Mother/Guardian

Title: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father/Guardian

Title: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child Lives with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other (please name) \_\_\_\_\_

Correspondence: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other (please name) \_\_\_\_\_

## CURRENT MEDICAL INFORMATION

Child's Health Insurance: \_\_\_\_\_

Child's Health Insurance Identification Card Number: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Immunization Record Attached: Yes \_\_\_ No \_\_\_

My child has allergies: No \_\_\_ Not Known \_\_\_ Yes \_\_\_ if yes, please list allergens: \_\_\_\_\_

Please comment on:

condition(s) that your child has that require(s) medical attention – such as diabetes, epilepsy, asthma, etc. \_\_\_\_\_

physical activity restrictions \_\_\_\_\_

hearing or vision problems that cannot be corrected \_\_\_\_\_

your child's previous history of communicable diseases: (e.g.: Chicken Pox, Measles) \_\_\_\_\_

other conditions that may require a teacher to take action for the benefit of your child's health \_\_\_\_\_

## PERMISSION FOR MEDICAL TREATMENT:

In the event of an accident or illness involving my child while my child is in the care of Waldorf Knoll Academy, I hereby authorize the administration of first aid by Waldorf Knoll Academy's medical staff while transporting to the schools affiliated hospital (Arewa Hospital, Jabi Abuja or NISA Premier Hospital, Jabi Abuja.). In no case will the school be financially liable for costs incurred as a result of your child's medical care.

Signature \_\_\_\_\_

### EMERGENCY CONSENT

Contact Person #1 (in the event of an emergency):(Name) \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact Person #2 (in the event of an emergency):(Name) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact Person #3 (in the event of an emergency):(Name) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### YOUR CHILD'S PROFILE (to help us get to know your child)

Do you wish your child to have a nap? Yes \_\_\_\_ (for how long?) \_\_\_\_\_ No \_\_\_\_

Has your child had any previous school, playgroup or nursery experience? If so, where and how often?

\_\_\_\_\_

List any organized activities that your child has participated in – such as swimming lessons, library groups, etc.

\_\_\_\_\_

\_\_\_\_\_

What are your child's interests? \_\_\_\_\_

\_\_\_\_\_

Does your child have fears or aversions? \_\_\_\_\_

\_\_\_\_\_

Eating Patterns: Please comment on your child's eating habits and food preferences. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sleeping Pattern: Please comment on your child's sleeping pattern. \_\_\_\_\_

\_\_\_\_\_

Is your child toilet-trained Yes \_\_\_\_ No \_\_\_\_ In process \_\_\_\_\_

Can your child manage their washroom routine independent of an adult? Yes \_\_\_\_ No \_\_\_\_

Can your child verbally communicate his/her needs effectively? Yes \_\_\_\_ No \_\_\_\_

If applicable, please write the name of your child's nanny or other primary caregiver \_\_\_\_\_

Has your child ever been hospitalized Yes \_\_\_\_ (for ?) \_\_\_\_\_

No \_\_\_\_

Other information you wish us to know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### APPLICATION CHECKLIST

To register your child the school requires:

1. A completed Application for Admission
2. A copy of your child's birth certificate
3. A recent immunization record
4. A completed health information form signed by your child's physician
5. Any progress reports or educational assessments from your child's previous school
6. Your child's recent passport size photos (1)
7. Each parent's recent passport size photos (1)
8. Copy of parent's international passport, drivers license OR national ID card
9. A completed student pick up form
10. Application Fee (25,000.00 Naira)

#### CONSENT

As parent(s)/guardian(s), we consent to the collection, use and disclosure of personal information in respect of and on behalf of myself/ourselves and my/our child, which may be collected, used and disclosed as necessary for the purposes of providing education and other services, student records and administrative purposes related to Waldorf Knoll Academy and as otherwise required by law.

\_\_\_\_\_  
Name of Parent/Guardian (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Child**

**Mother/Guardian**

**Father/Guardian**