## **INSPIRA COLLEGE**

29-35, Gberigbe Road, Ikorodu, Lagos. 08026023158, 09137365937

PLEASE AFFIX PHOTOGRAPH

## **APPLICATION FORM**

NAME OF CHILD			
AGE GENDER MALE F	FEMALE D.O.B		
FIRST LANGUAGE	NATIONALITY		
PREVIOUS SCHOOL(S) ATTENDED (With Year)			
MOTHER'S NAME			
FATHER'S NAME			
HOME ADDRESS			
HOME PHONE	PARENT'S RELIGION		
FATHER'S PLACE OF EMPLOYMENT	MOTHER'S PLACE OF EMPLOYMENT		
OFFICE PHONE OFFICE PHONE			
E-MAIL ADDRESS	E-MAIL ADDRESS		
IN THE EVENTS OF ANY EMERGENCY, INSPIRA COLLEGE SHOULD CONTACT #1 #2			
NAME	NAME		
ADDRESS	ADDRESS		
PHONE NO 1	PHONE NO 1		
PHONE NO 2	PHONE NO 2		
DECLARATION I declare that the information furnished by me is auth	PARENT'S / GUARDIAN'S SIGN & DATE		

Applicant's choice (Please, tick the appropriate box )  Day Adm		
If day admission, does the applicant require transport facility?  Does the applicant have any disability?	Yes Yes	No No
		140
(if Yes, kindly specify)		
Does he/she use glasses?	Yes	No 🗌
Does the applicant have any of these specific health conditions?	Sickle cell Anaemia	
	Asthma	
	Epilepsy	
	Whooping Cough	
	Diabetes	
	Mental illness	
(Any other )		
Genotype AA SS SS		
Has the applicant been immunized against the following:	Yellow Fever?	
	COVID - 19?	
	Cholera?	
	Measles?	
	Chickenpox?	
	Polio?	
(Tick the appropriate) The applicant is	an introvert an ext	trovert
How did you hear about our school:	Newspaper?	liovert
•	Television?	
	Radio?	H
	Billboard?	
	Posters/Flyers?	
	Student?	
	Staff?	
	Parent?	
	Internet?	
NB Attach the photocopies of the following compulsory do	cuments on submission:	
	colored passport photographs	
	(either from the family Docto	
*** Boarders Only (for security reasons)	The second section is a second	
Preferred Custodian (name & phone number):		
Do you consent to having your child feature in any of our public	city that will enhance the d	and image of the
school.	Yes	No L
I certify that the above information	is correct and promise to abi	de by the rules and
regulations of the school.		
APPLICANT'S SIGNATURE & DATE	PARENT'S / GUARDIAN'S S	IGNATURE & DATE
FOR OFFICIAL USE ONLY		
EXAM NUMBER: EXAM SCORE:	ADMITTED (ON MERIT):	
REMARK: PASSED FAILED: ADM	MITTED (UNDERTAKING BY PAREI	NTS):