



### 3. Contact details

Full name of mother (Title: Dr/Mrs/Ms/Miss/other):

Full residential address:

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

Full name of father (Title: Dr/Mrs/Ms/Miss/other):

Full residential address (if different from mother):

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

### 4. Further contact information (please indicate below the marital status between the mother and father)

Single

Married (to each other)

Separated

Divorced

Widowed

a) In the case of different addresses, correspondence will be sent to both.

b) In the case of only one parental contact, please could you provide a brief note of explanation (as ordinarily 2 signatures are required on the Application Forms):

Check if applicable:  Father deceased

Mother deceased

Father has custody

Mother has custody

### 5. Please indicate with whom the child is mainly resident:

Mother

Father

Both equally

Other

## 6. Please give an additional emergency contact:

Full name of emergency contact:

Relationship to child:

Full residential address:

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

## 7. Guardian in Nigeria if parents live abroad:

Full name of guardian (Title: Dr/Mrs/Ms/Miss/other):

Relationship to child:

Full residential address:

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

## 8. Does your child have any Learning Support requirements?

Does your child have any Learning Support requirements?

Yes

No

My child has been assessed for dyslexia and/or specific learning support requirements.

Yes

No

He/ She has been receiving extra one-to-one support or small group tuition.

Yes

No

He/ She has an Educational Psychologist's report (if Yes, please enclose a copy with this Application Form)

Yes

No

My child has extra time or other access arrangements in examinations.

Yes

No

(Any information you give will be treated confidentially and forwarded to the Head of Learning Support, who may contact you for discussion.)

## 9. Are there any special medical circumstances the College should be aware of?

Are there any special medical circumstances the College should be aware of?

Yes

No

(If yes, please provide us with details on an accompanying letter.)

**Please remember to enclose the following with the application form:**

1. A photocopy of your child's full birth certificate

2. A photocopy of your child's latest school report

3. Two (2) passport photographs

**How did you hear about Premier College, Ijebu Ode?**

Radio

TV

Local knowledge

Friend / Relative

Press article

Advertisement

Primary school

Internet

## 10. Declaration

We request that our child named above be registered as a prospective student. We understand that the Terms and Conditions of the College will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the College. We also understand that the College may obtain, process and hold personal information about our child, including confidential information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

(Each of those with parental responsibility must sign and complete below. In the case of only one signatory please complete Question 4b.)

I declare that the information furnished by me is correct.

First signature:

Second signature:

Printed name in full:

Printed name in full:

Relationship to the child:

Relationship to the child:

Date:

Date:

We give permission for photographs taken while at the college to be used for school marketing purposes e.g. prospectus, website.

Yes

No

On completion please return this form to

**Admission Officer** :  
College Liaison Office,  
14, Afolabi Aina Street,  
Off Allen Avenue, :  
Ikeja, Lagos  
Telephone: +234 | 737 5085  
Email: info@premier-college.com

**Admission Officer**  
Premier College,  
2 -4, Adeola Road,  
Obalende,  
Ijebu Ode, Ogun State  
Telephone: +234 | 738 7246  
+234 | 738 7248  
Email: admissions@premier-college.com

### FOR OFFICE USE ONLY

**Form No.:**

Receipt no:

Amount paid:

Date of payment:

Date form returned: