



Queensland Academy

1-5 Ebem-Oha Street, Off Okota Rd., Isolo Lagos State.

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www.queenslandacademy.com

E-mail: info@queenslandacademy.com

APPLICATION FOR ADMISSION

Surname _____

Forenames _____

Date of Birth _____

Place of Birth _____ Male/Female _____

Nationality _____ Region _____

Name of Father _____

Occupation _____

Office Address _____

E-mail _____ Tel _____

Home Address _____

_____ Tel _____

Name of Mother _____

Occupation _____

Office Address _____

E-mail _____ Tel _____

Home Address _____

_____ Tel _____

Who will pay the School Fees & Other Expenses? _____

School Attended During the Last Year _____

One Close Contacts (Near the School) _____

Name _____

Address _____

Signed _____ Date _____



OFFICE USE ONLY

Reg. No. _____ School House _____

Admittance Date _____ Reg. Fee Received _____

MEDICAL INFORMATION

A. Is your child/ward a sickler YES NO

B. Is your child/ward a Asthmatic YES NO

C. Has your child/ward any of the following defects
Eye Ear Nose bleeding None

D. Has your child/ward any medical condition or any form of allergy that the school should know about?

Has your child/ward ever been diagnosed as having specific learning difficulties such as

E. Dyslexia, A.D.D or any other?

F. Has your child/ward been immunized against the following?

1. Small Pox YES NO

2. Whooping cough YES NO

3. Polio YES NO

4. Tetanus YES NO

5. Tuberculosis YES NO

6. Mumps YES NO

7. Rubella (German measles) YES NO

8. Hepatitis YES NO

9. Meningitis YES NO

Please attach proof of immunization

G. In any emergency _____

Contacts Name _____

Address _____

Tel _____

Doctor _____

Contact Address _____

Tel. No. _____