



8/23, Oshidein Street, Off Akilo Road, Ogba-Agege.

## APPLICATION FORM

### STUDENT'S INFORMATION

Surname of Student \_\_\_\_\_  
First Name of Student \_\_\_\_\_ Other Name of Student \_\_\_\_\_  
Address of Student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Gender \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Nationality \_\_\_\_\_ Languages Spoken \_\_\_\_\_

Upload picture here

### EDUCATION

Previous School Attended \_\_\_\_\_  
Address of Previous School \_\_\_\_\_  
Number of years at Previous School \_\_\_\_\_ Current Class at Previous School \_\_\_\_\_

### ADMISSION DETAILS

Class applying for \_\_\_\_\_ Entry Term \_\_\_\_\_ Date \_\_\_\_\_

### FAMILY INFORMATION

Name of Parent 1/Guardian 1 \_\_\_\_\_  
Kinship \_\_\_\_\_ Nationality \_\_\_\_\_  
Phone number \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_  
Profession \_\_\_\_\_ Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Phone Number \_\_\_\_\_ Work E-mail \_\_\_\_\_  
Name of Parent 2/Guardian 2 \_\_\_\_\_  
Kinship \_\_\_\_\_ Nationality \_\_\_\_\_  
Phone number \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_  
Profession \_\_\_\_\_ Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Phone Number \_\_\_\_\_ Work E-mail \_\_\_\_\_

*Note: Parents/Guardians should attach latest passport photographs to this form.*

The student resides with: \_\_\_\_\_

Number of children already attending BHIS: \_\_\_\_\_

SCHOOL BUS      Yes ☐      No ☐      (If YES provide address below)

**PAYMENT INFORMATION**

Is your child's tuition paid by an organization? \_\_\_\_\_  
(If YES, please provide contact information)

Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

Name of Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

(If NO, please provide name of parent/guardian responsible for all payments)

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**OTHER INFORMATION**

How did you hear about BHS? \_\_\_\_\_

Why do you wish to enroll your child at BHS? \_\_\_\_\_

Has your child ever received any academic or other support within or outside a school? (i.e. extra lessons, special learning programs, counseling etc.) If YES, please describe. \_\_\_\_\_

Is your child required to take prescribed medication on a regular basis? Please specify \_\_\_\_\_

Although not any medication, if your child has any health issue, please specify \_\_\_\_\_

**Disclaimer and authorizations:**

**Correspondence and billing:** Please note that all general correspondence and messages will be sent to the Parent 1/Guardian 1 unless stated otherwise.

**Pictures:** BHS reserves the right to reproduce student photos in the school's promotional material and publications unless stated otherwise.

**Acknowledgement:** BHS expects acknowledgement to every correspondence/communication sent to parents by mail/text/letter ASAP.

Name of person completing this application \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Fees: \_\_\_\_\_ Discussion with Parents: \_\_\_\_\_

Decision & Date: \_\_\_\_\_

Comments: \_\_\_\_\_