



LAMIS

PICTURE HERE

LAGOS MUSLIM INTERNATIONAL COLLEGE

PRE-SCHOOL • PRIMARY • COLLEGE

Address: 17, Sadaatu Street, Off Lawal Street, By Clem, Jankara-Ijaiye, Lagos State.

Tel: 09093282228, 08108223988, 08028776546

E-mail: admin@lamisinternational.org

Website: www.lamisinternational.org

Admission Form

Please complete each section in **BLOCK LETTERS** using Black Ink

Section 1: CHILD'S PERSONAL DETAILS

Child's Name:			
Surname:		Father's Name:	
Date of Birth:		Place of Birth:	
State of Origin:		Local Govt. Area:	
Nationality:		Male:	Female:
Address:			
Father's / Guardian's Mobile No:			
Residential Tel. No:		Office No:	

Language(s) commonly spoken at home (1): _____ **(2):** _____

Section 2: ACADEMIC DETAILS

Class in which admission is sought: _____

Name(s) of school(s) attended in the past and dates of attendance:

Name of School (Any City/Country)	Class	Form	To

Section 3: PERSONALITY AND HEALTH

Please, provide details of any special aspects of your child's personality and health challenges:

Section 4: PARENT / GUARDIAN'S DATA

Father's Name:			
Profession:		Designation & phone No:	

Mother's Name:		Phone No:	
Mother's occupation:	Housewife	Profession:	

Section 5: DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agreed to abide by all school rules including school discipline, tuition fee payment. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.

Signature of Parent/Guardian

Date

Signatory's Name: _____

Signatory's Relationship with the child: _____

Section 6: ADMISSION PROCEDURE

1. The completed admission form along with the copies of birth and health certificates, 3 passport size photographs and the registration fee (non-refundable) must be submitted to the school office.
2. After the admission form has been processed, a date is given for applicant's assessment.
3. Parents are informed of the outcome within one week of the written test date. If a place is offered, the child's admission/enrolment must be confirmed and all dues paid within one week of date of offer.

FOR OFFICE USE ONLY

Account Number:			
Form Checked by:		Registration Fee Paid on	
Birth Certificate Provided:		Teller	
Photograph Provided:		Admission Fee:	
School Leaving Certificate:	Yes:	Tuition Fee:	
Written Test:	Pass: <input type="checkbox"/>	Fail: <input type="checkbox"/>	Total Cash:
Date:			
Child Interviewed by:			
Parent Interviewed by:			
Acceptance / Rejection:	A <input type="checkbox"/>	R <input type="checkbox"/>	

Reason for rejection:

Signature of Accountant

Director