



# LEAD BRITISH INTERNATIONAL SCHOOL

## Basic Student Details

Surname	_____	Other Names	_____
Nationality	_____	Religion	_____
Year Applied for	_____	Date of Birth	_____

## Student Language Ability

Language(s) spoken at home	Fluent	Non Fluent
1. _____		
2. _____		
3. _____		

## School History

Previous Schools Attended	From	To	City/Country	Grade/Years
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please let us know if the child has any Special Educational Needs: (e.g. Dyslexia, dyscalculia, AAD, ADHD, ASD)

\_\_\_\_\_  
\_\_\_\_\_

Please let us know if the child has any medical conditions, health problems or special challenges requiring attention (e.g. Bed wetting, asthma, diabetes, allergies, sickle cell, epilepsy, hearing and any regular medication)

\_\_\_\_\_  
\_\_\_\_\_

Please let us know if the child has any dietary needs: (e.g. Vegetarian, vegan, food allergies)

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had any behavioural problems at school. If yes, give details

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been suspended or expelled from school or asked to leave a school at any time? If YES please give full details (failure to disclose this information after enrollment will automatically lead to further investigations and may result in immediate expulsion.)

Has your child ever been placed out of his/her age group in any subject. If YES give details.

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian's Details**

Contact 1 -Relationship to child: Father, Mother, Other \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_ Other Names \_\_\_\_\_

Nationality \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone number \_\_\_\_\_ Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Current employer (if applicable) \_\_\_\_\_

Office address \_\_\_\_\_

Work telephone \_\_\_\_\_

Preferred method of communication \_\_\_\_\_

Contact 2 -Relationship to child: Father, Mother, Other \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_ Other Names \_\_\_\_\_

Nationality \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone number \_\_\_\_\_ Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Current employer (if applicable) \_\_\_\_\_

Office address \_\_\_\_\_

Work telephone \_\_\_\_\_

Preferred method of communication \_\_\_\_\_

**If you are living outside of Abuja or are often out of Abuja and are applying for a boarding place, please supply details of Guardian**

Contact 3 -Relationship to child: Father, Mother, Other \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_ Other Names \_\_\_\_\_

Nationality \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone number \_\_\_\_\_ Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Current employer (if applicable) \_\_\_\_\_

Office address \_\_\_\_\_

Work telephone \_\_\_\_\_

Preferred method of communication \_\_\_\_\_