

Crystal Palace Private Schools



Please affix passport photo here

Registration Form

Please print in capital letters and return as soon as possible, if any fields do not apply please leave blank.

About the Child

1. First name:	<input type="text"/>	2. Last name:	<input type="text"/>
3. Middle name(s):	<input type="text"/>	4. Gender: Male	<input type="checkbox"/> Female <input type="checkbox"/>
5. Date of Birth:	<input type="text"/>	6. Ethnicity:	<input type="text"/>
7. Name of child's registered Hospital/Doctor, Address and Contact number			
<input type="text"/>			

8. If your child has a physical disability or medical condition that you would like the school to be aware of, please provide details including medication (continue on additional sheet if necessary):

(The parent(s) or carer(s) living with the child)

Parent/Carer 1:

1. First name:	<input type="text"/>	2. Last name:	<input type="text"/>
4. Relationship to child:	<input type="text"/>	3. Parental Consent	<input type="checkbox"/>
5. Telephone:	<input type="text"/>	6. E-mail address:	<input type="text"/>
7. Full Address:			
<input type="text"/>			

Parent/Carer 2:

1. First name:	<input type="text"/>	2. Last name:	<input type="text"/>
4. Relationship to child:	<input type="text"/>	3. Parental Consent	<input type="checkbox"/>
5. Telephone:	<input type="text"/>	6. E-mail address:	<input type="text"/>
7. Full Address:			
<input type="text"/>			

Other Children

Do you have other children attending the school? If so, please write their details here (please enter the year group the other child(ren) will be in when the child you are admitting enters the school):

Name /S	<input type="text"/>	Year Group	<input type="text"/>
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Emergency Contacts

We must have at least 2 local emergency contact numbers other than the ones above.

Emergency Contact 1:

Name and Address:	<input type="text"/>	Telephone number:	<input type="text"/>
Relationship to Child:	<input type="text"/>		

Emergency Contact 2:

Name and Address:	<input type="text"/>	Telephone number:	<input type="text"/>
Relationship to Child:	<input type="text"/>		

Other Information

Is there anything else it would be useful for the school to know? Please indicate

Declaration

The above information is true to the best of my knowledge and belief:

Parent or Carer's signature

Date:

Consents

The following consents will stay in place for the duration of your child's time at Crystal Palace Private Schools. If there are any changes in your child's circumstances please advise the school.

1. Emergency Medical Treatment

I consent to any emergency medical treatment necessary whilst my child is at Crystal Palace Private Schools. I authorise the staff to sign any written form of consent required by hospital authorities if the delay to getting my signature is considered by the doctor to endanger my child's health and safety.

Parent or Carer's signature

Date:

2. Trips & Outings

I understand that some of the school's activities will include short trips to parks, playing fields, libraries etc. in the local area. I give my permission for my child to participate in these trips.

Parent or Carer's signature

Date:

3. Plasters

My child has no known allergy to plasters and in the event of a minor injury I give my permission for a plaster to be applied by a member of staff in order to minimise the risk of infection.

Parent or Carer's signature

Date:

4 Photographs/Video and Audio Recordings

I consent to my child being photographed/videoed by a member of staff, or authorised representative, for the following purposes:

- School, class or team photographs, to be offered for sale to other parents of the children in the group.
- Individual photograph of my child, which will be offered for sale to me only.
- For publication in a local newspaper or publication
- For television purposes e.g. a documentary or the local news.
- Video of a school performance to be offered for sale to other parents.
- To be placed on the Crystal Palace Private Schools website.

Parent or Carer's signature

Date:

Use of the Internet

The planned education for your child includes using the World Wide Web. In order to incorporate this element into their education we must gain permission for your child to access to the Internet. All students must initially obtain parental permission and then, when they start Primary 3 of their education, all children are asked to sign their own Internet Use form.

Students should not expect files stored on the school's services to be private.

I give permission for my child to access the Internet. I understand that some material on the Internet may be objectionable, and I accept responsibility for undertaking some instruction on Internet use; i.e. setting and discussing standards for my son/daughter to follow when selecting, sharing or exploring information and media on the World Wide Web.

Parent or Carer's signature

Date:

When you have fully completed this Admission form, please return it to:

Crystal Palace Private Schools
Off Oba Adeshola Market - Opposite Ogun State Institute of Technology
Ado odo/Ota, Igbesa/Lusada RD, Ogun State, Nigeria

For Official Use Only

Last Name

First Name

Date of Entry

Year Group

Database Number

Admission Reg. No.

Officer Signature

Date