

# The Hillside School

APPLICATION FOR ADMISSION



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PLEASE COMPLETE EACH SECTION IN **BLOCK LETTERS**

## SECTION 1: CHILD'S PERSONAL DETAILS

SURNAME \_\_\_\_\_

OTHER NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_ GENDER  M  F

STATE OF ORIGIN \_\_\_\_\_ RELIGION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PARENTS' TEL NO(S) \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

\_\_\_\_\_

YEAR/GRADE LEVEL \_\_\_\_\_ CLASS TO BE ADMITTED  INTO

PROPOSED DATE OF ENTRY \_\_\_\_\_ DAY

BOARDING \_\_\_\_\_

NAME AND CLASS OF ANY SIBLINGS ALREADY ATTENDING THE SCHOOL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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NAME(S) OF SCHOOL(S) ATTENDED IN THE PAST AND DATES OF ATTENDANCE

NAMES OF SCHOOL (CITY/COUNTRY)

Class

From

To

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### SECTION 2: PARENTS'/GUARDIAN'S DETAILS

FATHER'S DETAILS

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

DESIGNATION \_\_\_\_\_

NATIONALITY \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX NO \_\_\_\_\_

EMAIL \_\_\_\_\_

MOTHER'S DETAILS

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

DESIGNATION \_\_\_\_\_

NATIONALITY \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX NO \_\_\_\_\_

EMAIL \_\_\_\_\_

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### GUARDIAN'S DETAILS (IF APPLICABLE FOR EMERGENCIES)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

### SECTION 3: DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is correct, I have understood and agree to abide by all school rules including discipline, inter-school/city transfers and tuition fee payments and refunds.

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 4: ADMISSION PROCEDURE

Kindly pay the sum of

- NGN 10,000 (Primary)

- NGN 20,000 (Secondary)

To any of these account

ZENITH BANK: 1013669741

ACCESS BANK: 0007661642

Note: Processing fee is non-refundable

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As the Parent/Guardian of \_\_\_\_\_

I agree to do my utmost to fulfill the terms outlined in the home /school contract agreement;

1. Pay the stipulated fees on or before the date specified by the school.
2. Ensures that my child goes to school regularly (missing school only when ill), on time and properly dressed.
3. Communicate to the school authorized absence(s).
4. Support the school's policy and guidelines on school behaviour and uniform wear.
5. Encourage my child to work as hard as possible, provide support and other opportunities for home-learning.
6. Abide by the school's policy which bars students from taking private lessons with teachers who take them in school.
7. Endeavour to support school activities by attending Open Days and Parents'/Teachers' Forum.
8. Let the school know about my concern and problems that may affect my child's work behaviour in school.
9. Provide important information on health issues regarding my child's work or behaviour in school.
10. Notify the school in writing, one full term's notice of intention to withdraw my child before the completion of his/her course or pay the term's fees in lieu of notice.
11. Accept the decision of the school in disciplinary cases concerning my child even if it requires withdrawing my child and that I shall not be entitled to any refund of fees.
12. Permit the school in the event of any accident or emergency and where reasonable efforts have been made to contact me, to take my child to the doctor or clinic specified in the registration form. If for any reason neither course of action is possible, allow the school make necessary arrangements for my child to receive medical attention for which I shall be financially responsible.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_