

RY'AN ACADEMY, ABUJA

Learning towards Jannah...

APPLICATION FORM

No 6 Nwachukwu Gilbert Road,
Along SeaDry Suite (2/1),
Kubwa Extension 3, Abuja, FCT

+234-908355-8211, 908-355-8333

info@ryanacademy.com.ng
ryanacademy.com.ng

1 Child's Details

Surname

Other Names

Boy

Girl

Child Date of Birth

(Please use the format Day/Month/Year)

Please Tick (✓)

DD

MM

YYYY

Home Address (Including House No, Street and Nearby Landmark)

Passport-size
Photograph

Last School Attended (If any)

Last Class (If any)

State of Origin:

Reason for Leaving (If applicable)

Class which admission is been sought

2 Parent/Carer's Details

A - Mother: Please Tick (✓)

Mrs.

Miss

Ms

Others (specify)

Surname

Other Names

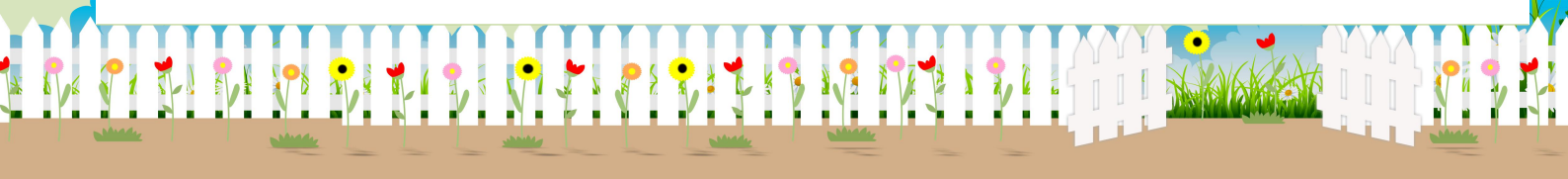
Mother / Guardian's Home Address

Mother / Guardian's Email (One character per box)

Mother / Guardian's Mobile Number(s) (One character per box)

Mother / Guardian's Profession

Office Address



B - Father: *Please Tick (✓)*

Mr. Alhaji Others (*specify*)

Surname Other Names

Father / Guardian's Home Address

Father / Guardian's Email (One character per box)

Father / Guardian's Mobile Number(s) (One character per box)

Father / Guardian's Profession

Office Address

3 *Child's Pick-up (Please specify 2 preferred pickers for your child)*

Picker 1

Names

Relationship with the Child (*Please Tick ✓*)

Aunty Uncle Nanny Driver Others (*Please specify*)

Mobile Number (if any)

Address

Passport-size
Photograph

Picker 2

Names

Relationship with the Child (*Please Tick ✓*)

Aunty Uncle Nanny Driver Others (*Please specify*)

Mobile Number (if any)

Address

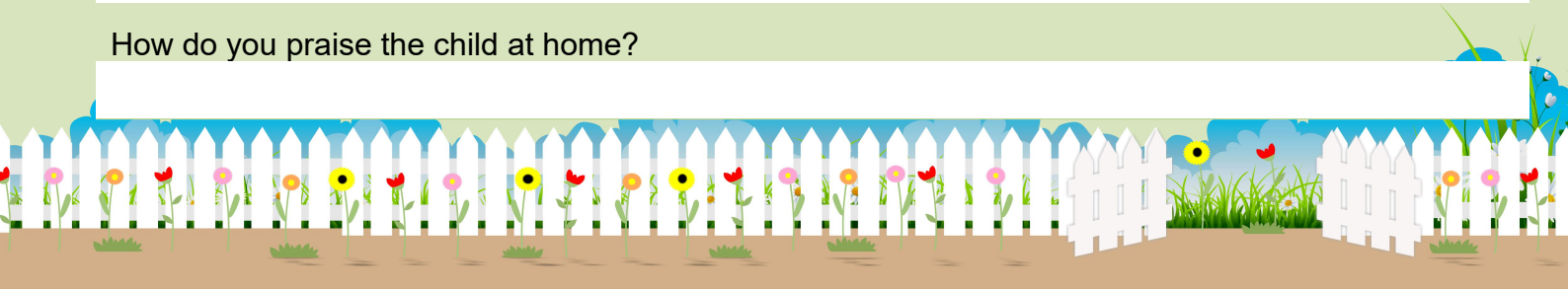
Passport-size
Photograph

4 *Home Language, Discipline & Appraisal*

Language of Communication at home?

How do you discipline the child at home?

How do you praise the child at home?



5 Permissions (Please Tick)

FACE PAINTS – do you consent to your child having his/her face painted if they wish to?

Yes No

PHOTOGRAPHS – do you consent to your child being photographed for school or class display or advert

Yes No

FIRST AID – do you consent to your child receiving emergency first aid or being referred to emergency medical services if required?

Yes No

OUTINGS - do you agree that your child be taken out for school events? Pls. note that a **consent form** will be sent home for parent/guardian further approval at least two days to any fixed outing.

Yes No

SWIMMING – do you consent that your child may take part in school routine swimming?

Yes No

6 Special Educational and/or Additional Needs

Does your child have any special educational or additional needs? If 'Yes', please give a brief description

Yes No

7 Additional Useful Information

Is there any other information about your child that you feel would help us to ensure his / her well-being? For example; reminding about using the toilet, toys or activities they enjoy, recent upsets or changes, challenging behaviour, communication difficulties. If 'Yes', please detail

Yes No

8 Medical Information

Blood Group

Genotype

Allergies

Immunization received (Please Tick ✓). **Note:** Your application must be accompanied by a copy of immunization record.

Polio

DPT

Measles

Others (Please Specify)

REQUIREMENTS (To be submitted alongside completed form)

- Two recent passport photograph
- Birth Certificate

- Last Result (Transfer)
- Transfer Certificate

- Certificate of Immunization
- Passport-size Photograph of Picker(s)

Signed _____

Date _____

Parent / Guardian's Name _____

