

JUILLIARD ACADEMY

EXPLORE. DISCOVER. SPARKLE.
(DAY & BOARDING)

46, Basheer Shittu Street,
Magodo Phase II, Shangisha, Lagos.

Tel: **08088851551**

Email: info@juilliardacademy.org

Website: juilliardacademy.org

2022 – 2023 ACADEMIC YEAR

APPLICATION PACK

RESPECT | INTEGRITY | GODLINESS
RESPONSIBILITY | ACHIEVEMENT | INDIGENOUS CULTURE

... vessels of honour

APPLICATION FORM

This form must be completed by a parent or legal guardian of the student applicant and returned to the school prior to the admission evaluation. A non-refundable registration fee must accompany the application when returned. This fee covers application processing and evaluation cost, and is separate from tuition costs.

AFFIX
PASSPORT

All sections of this form should be filled. The academy will not be held responsible for actions taken due to ignorance of information not provided in this form.

Full legal name of student /applicant:

Prefers to be called *First name* *Middle Name* *Last Name*

Application for Grade: _____ Date of Birth: ____/____/____ Age: _____

Gender: () M () F

Religion: _____ State of Origin: _____ LGA: _____

Student lives with: () Both Parents () Mother only () Father only () Legal Guardian

If other than listed above, please describe: _____

Father (or Parent / Guardian #1):

First Name *Middle Name* *Last Name*

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Title: _____

Employer's Phone: _____ Email: _____

Mother (or Parent / Guardian #1):

First Name

Middle Name

Last Name

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Title: _____

Employer's Phone: _____ Email: _____

SCHOOL(S) ATTENDED WITH DATES

FROM	TO	NAME & ADDRESS OF SCHOOL

Pertinent family history (for example, if either or both parents are deceased, if parents are separated and divorced and or re-married, etc.). Please be as specific as possible and attach additional sheets if needed:

If separated/divorced, kindly indicate if both parents have access to the student:

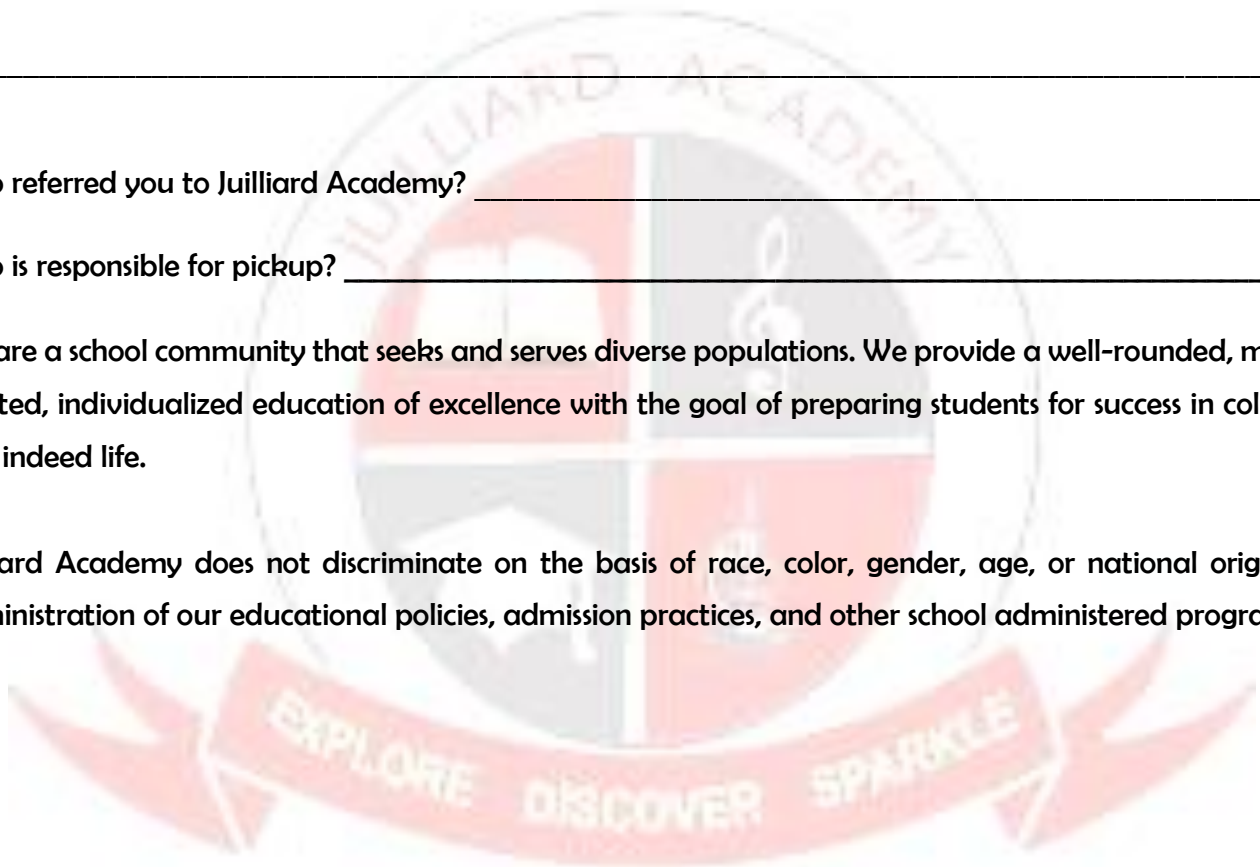
Please list any current Juilliard Academy student related to the applicant and the relationship:

Who referred you to Juilliard Academy? _____

Who is responsible for pickup? _____

We are a school community that seeks and serves diverse populations. We provide a well-rounded, multi-faceted, individualized education of excellence with the goal of preparing students for success in college, and indeed life.

Juilliard Academy does not discriminate on the basis of race, color, gender, age, or national origin in administration of our educational policies, admission practices, and other school administered programs.



Signature of Parent / Guardian completing application

Date signed



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AFFIX PASSPORT

GUARANTOR'S FORM

I guarantee that this applicant is well known to me, and will be of good conduct and behaviour during his/her stay in the school. I strongly recommend him/her for admission into your secondary school.

Name:

Surname *Other Names*

Relationship with child: _____

Address: _____

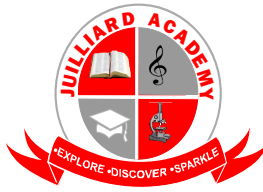
Contact Numbers: (i) _____

(ii) _____

E-Mail Address: _____

Signature

Date



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EMERGENCY CONTACTS

Person(s) to be contacted in emergency:

1. Name: _____
Surname *Other Names*

Relationship with child: _____

Address: _____

Contact Numbers: (i) _____

(ii) _____

2. Name: _____
Surname *Other Names*

Relationship with child: _____

Address: _____

Contact Numbers: (i) _____

(ii) _____



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MEDICAL REPORT

This form has to be completed by the Parents and returned to the school with all the required Admission documentation. A Complete medical test should be done before resumption and the report submitted to the school with all the required Admission documentation.

Please tick where appropriate:

Personal history: Has the child had any of the following?							
Polio	<input type="checkbox"/>	Whooping cough	<input type="checkbox"/>	Chicken pox	<input type="checkbox"/>	Measles	<input type="checkbox"/>
Tonsillitis	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>	Stomach Disorder	<input type="checkbox"/>	Ear disease	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	Epitaxial	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Convulsion	<input type="checkbox"/>	Dental problems	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Eye Disease	<input type="checkbox"/>	Injuries	<input type="checkbox"/>	Irritations	<input type="checkbox"/>	Chronic Malaria	<input type="checkbox"/>

Family History: Has any of your family members suffered from?							
T.B (Tuberculosis)	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Mental Disease	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>

Did your child have the following vaccinations?						
Vaccination	Tick	Date		Vaccination	Tick	Date
Small pox	<input type="checkbox"/>			Chicken pox	<input type="checkbox"/>	
Cholera	<input type="checkbox"/>			Polio	<input type="checkbox"/>	

Signature of Parents / Guardian: _____

Date: _____



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MEDICAL EXAMINATION

Surname: _____

Age: _____

1.	Skull:			
2.	Eyes			
		Vision RT:		
		Vision LT:		
		Colour:		
3.	Blood	Group:	Genotype:	
4.	Ears	Hearing:	RT:	LT:
		Ear Disease:		
5.	Neck	Engorged Veins:		
	Lymph Glands			
	Thyroids			
6.	Circulatory System	Heart Sound:		
		Murmurs:		
		BP:		
7.	Chest			
8.	Abdomen	Stomach:	Liver:	Spleen:
9.	Hernia Orifices			
10.	Skeleton	Skeleton:		
		Vertebral Column:		
		Extremities:		
		Joints:		
11.	Defects of Speech			
12.	Body	Lab:	Urine:	Stools
		Height:	Weight:	HB
		X-Ray Chest:		
13.	General Assessment			

Doctor's Signature and Stamp: _____

Date: _____