

**NOBELHOUSE**  
COLLEGE, ABEOKUTA

*Catalyst* **FOR**  
**PROGRESS**



@nhcabeokuta



nobelhouse\_college



NobelHouse College

Olusegun Obasanjo Hilltop Estate, Oke-Mosan, Abeokuta

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www.nobelhousecollege.com

**Application Form**



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## **APPLICATION PROCEDURE**

The following steps are necessary for applicant to be considered for admission.

1. Return of the Application Form
2. Entrance Assessment
3. Interview with parents and child prior to beginning school.

## **NEEDED ATTACHMENTS**

Please attach the following documents to this application:

1. Non-refundable Application fee of N10,000
2. Copy of Birth Certificate or Sworn Affidavit
3. Four recent passport size photographs
4. Copy of applicant's latest school report
5. Copy of Head Teacher's confidential report





Affix  
Passport

## General Information

School Year \_\_\_\_\_ Present Age (Years & Month) \_\_\_\_\_  
Class Applied for \_\_\_\_\_ Expected Date of Entry \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Date of Birth (D/M/Y) \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Gender (M/F) \_\_\_\_\_ Citizenship \_\_\_\_\_  
Current Address \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
How did you first learn of NobelHouse College? \_\_\_\_\_  
\_\_\_\_\_

## Family Information

Father's Full Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Office Telephone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_  
Father's Designation \_\_\_\_\_  
Mother's Full Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Office Telephone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_  
Mother's Designation \_\_\_\_\_  
Applicant lives with: Both Parents  Father only  Mother only  Other   
Names and ages of Applicant's Brothers and Sisters \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Condition (e.g. Divorce, separation, adoption, legal guardian, etc) \_\_\_\_\_  
Others \_\_\_\_\_  
\_\_\_\_\_

## Educational Information

Full Name and Address of last School Attended

Date of Transfer from School previous to above

Class Completed

What was the Language of Instruction?

Has the student ever repeated a year?

If yes, which year?

Which are the student's strong subjects?

Which are the student's weak subjects?

Does the student have any Individual Education Program (IEP) reports?

Does the student have any special educational / psychological reports? (If yes, please submit)

Are there any factors that NobelHouse College should be aware of in order to provide the best educational program for your child?

Student's native language

Language(s) generally spoken at home

## Permission to Obtain and Release Information/Pictures

NHC requests your permission to obtain / release information about your child as well as use your child's pictures on our website / publications. Kindly tick the boxes below to indicate extent of permission.

- Permission to obtain / release your child's information / pictures for competition purposes.
- Permission to obtain / release your child's information / pictures for education outside the classroom purposes.
- Permission to obtain / release your child's information / pictures for Special Education records.
- Permission to obtain / release your child's information / pictures for website, social media handles and other school's publications.

*Signature of parent or guardian*

*Date*

# Student Health Record for Registration

**Applicant's Name**   
Last First Middle

**Date of Birth**  **Class entering this year**   
Month Day Year

**Parents / Guardian's Name**

**Address**   
Number and Street City State Zip/Postal Code

**Home Tel. No.**  **Cell Phone No.**  **Office Tel. No.**

**In case of emergency call**  **Telephone**

**Physician's Name**  **Telephone**

*In case of emergency, I authorize the school to use its judgment, if no authorized person listed above can be reached.*  
**Yes**  **No**

## Significant Medical History

Disease	Date
Measles	
Asthma	
Cardiac Murmur/Rheumatic Fever	
COVID-19	
Diabetes	
Encephalitis	
Head Injury/Concussion	
Intestinal Parasites	
Malaria	
Nephritis	
Tuberculosis	
Ulcer	
ADD/ADHD	
Whooping Cough	
German Measles	
Hepatitis	
Scarlet Fever	
Mumps	
Chicken Pox	
Diphtheria	

Vaccination / Immunization	Date
Chicken Pox	
Diphtheria	
Hepatitis 'B'	
COVID-19	
Measles, Mumps, Rubellia (MMR)	
Meningitis	
Polio	
Tetanus	
Typhoid	
Whooping Cough	
Yellow Fever	
<b>Vision</b>	
Date      R      L	Pass/Fail
<b>Hearing</b>	
Date      R      L	Pass/Fail
<b>Mantoux</b>	
Date      R      L	Pass/Fail

**Allergies (Please specify if your child has specific medication and send it with dosage notice)**

**Surgery (Specify type and give date)**

**Emotional or mental patterns of which the school should be aware (Phobias, Anxieties, etc.)**

**Ethics / Nutritional / Religious customs (Helpful for field trips)**

**Most recent physical exam**

**Medication taken at home or at school**

**Restrictions on Physical Activity**

**My Child may be given an analgesic, if necessary (Specify)**

**Blood Type**

**Group**

**Rho**

**Comments**

**Signature of Parent or Guardian**

# Consent for "Over the Counter" Medications

Name of student

Last

First

Middle

Date of Birth

Month

Day

Year

Grade

Medical Allergies

Food Allergies

Medications your child takes on a regular basis

I give permission for my child, \_\_\_\_\_, to receive any Medication I have indicated here below as deemed necessary by the school nurse, I understand that generic equivalent medications may be used in place of brand-name items.

**PLEASE CHECK ANY "OVER THE COUNTER" MEDICATIONS YOU WISH TO BE MADE AVAILABLE TO YOUR CHILD UNDER NURSING DISCRETION, DOSAGE DETERMINED BY AGE AND/OR WEIGHT.**

**FOR HEADACHE/FEVER/MUSCLE ACHES/MENSTRUAL CRAMPS/ORTHODONTIC PAIN**

Analgesic

None

**FOR MILD ALLERGIC REACTIONS (Such as Hives, Seasonal allergies)**

Antihistamine

None

**FOR MILD COLD SYMPTOMS**

Antihistamine

None

**FOR MILD STOMACH DISCOMFORT**

Antacid (1-2 tabs)

None

**FOR MILD SKIN IRRITATION (Insect bites, minor rashes, abrasions)**

Topical Antihistamine

None

**I DO NOT WANT ANY MEDICATION GIVEN TO MY CHILD IN SCHOOL** Yes  No

I understand that the medications I have checked will be administered by the school nurse or health care giver

Name \_\_\_\_\_

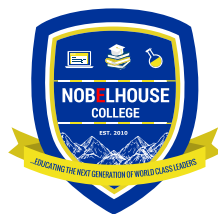
Signature \_\_\_\_\_ Date \_\_\_\_\_





**PLEASE SHARE ANY RELEVANT COMMENTS ON THE STUDENT'S PERSONALITY, CONFIDENCE, ASSERTIVENESS, HUMOUR, MATURITY, DEGREE OF INDEPENDENCE, OR OTHER QUALITIES, ATTACHING ADDITIONAL SHEETS IF NECESSARY.  
*THANKS FOR YOUR ASSISTANCE.***

A large rectangular area consisting of numerous horizontal grey lines, intended for writing comments.



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*...educating the next generation of world-class leaders*