



NOBELHOUSE COLLEGE

Olusegun Obasanjo Hilltop Estate,
Oke-Mosan, Abeokuta.

Tel: 08033647062, 07064415166

info@nobelhouse.com

www.nobelhousecollege.com

APPLICATION FOR ADMISSION

A. APPLICATION PROCEDURE

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

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

B. 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

C. GENERAL INFORMATION

PLEASE FILL

For School Year _____ Present Age _____
Years Month

Class applied for _____ Expected date of entry _____

Applicant's name _____
(LAST) (FIRST) (MIDDLE)

Place and date of birth _____ Sex M F
(PLACE) (DATE) Day Month Year

Citizenship _____

Current Address _____

Home telephone number _____ Email _____

How did you first learn of Nobelhouse College? _____

D. FAMILY INFORMATION

Father's full name: _____

Employer: _____

Address: _____

Office telephone number: _____ GSM phone no: _____

Father's position: _____

Mother's full name: _____ Citizenship: _____

Employer: _____

Address: _____

Office telephone number: _____ GSM phone no: _____

Mother's position: _____

Applicant lives with: Both parents _____ Father only _____ Mother only _____ Other _____

Names and ages of brothers and sisters: _____

Home conditions (divorce, separation, adoption, legal guardian, etc.) _____

Others: _____

E. 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 NHC 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 _____

E. PERMISSION TO OBTAIN AND RELEASE INFORMATION

NHC needs your permission to obtain / release information about your child. We are requesting this permission to receive or send information to assist us in meeting your pupil's educational needs.

I, the undersigned, request and authorize the exchange of the following types of information between:

Previous School / Agency / Person: _____

Address: _____

Phone: _____

And Nobelhouse College, Abeokuta, Nigeria

- Official student academic / administrative records (identifying information, grade level completed, grades, attendance records, and aptitude / achievement test results)
- Psychological and / or Multi-disciplinary Team reports
- Special Education records (Learning Plan, Speech records, Behavioural Plan, etc.)

I declare that the information herein is truthful and that I will provide the necessary documentation for processing this application. In addition, I realize that: (1) the school reserves the right to reject any application that contains incomplete, inaccurate, or false information; and (2) the school reserves the right to deny acceptance for any application that indicates special needs that cannot be met by existing programs.

Signature of parent or guardian

Date



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STUDENT HEALTH RECORD FOR REGISTRATION

Applicant's Name _____
(LAST) (FIRST) (MIDDLE)

Date of Birth _____ Class entering this year _____
MONTH DAY YEAR

Parents / Guardian' Name _____

Address _____
NUMBER AND STREET CITY STATE ZIP/POSTAL CODE

Home Telephone No. _____ Cell Phone No. _____ Office Telephone No. _____

In case of emergency call _____ Telephone: _____

Physician's Name _____ Telephone: _____

Incase of emergency, I authorize the school to use its judgment, if no authorized person listed above can be reached

SIGNIFICANT MEDICAL HISTORY

Disease	Date
Measles	
Asthma	
Cardiac Murmur/Rheumatic Fever	
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'	
Measles, Mumps, Rubellia (MMR)	
Meningitis	
Polio	
Tetanus	
Typhoid	
Whooping Cough	
Yellow Fever	
Vision	
Date	R L Pass / Fail
Hearing	
Date	R L Pass / Fail
Mantoux	
Date	R L Pass / Fail

STUDENT HEALTH RECORD FOR REGISTRATION continued

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

Surgery (Specify type and give date) _____

Emotional or mental patterns of which the school should be aware of (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 _____ Grade _____
MONTH DAY YEAR

Medical 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

- Acetaminophen (like Tylenol)
- Ibuprofen (like Advil, Motrin) – best for menstrual cramps, muscle/bone pain,
- Paracetamol (Panadol)

For mild allergic reactions (such as hives, seasonal allergies)

- Beadryl liquid (12.5 mg/5ml)

For mild cold symptoms

- Robitussin DM cough medicine
- cough drop
- throat lozenge

For mild stomach discomfort

- Antacid (1-2 tabs)

For mild skin irritation (insect bites, minor rashes, abrasions)

- Calamine lotion
- Anthisan cream
- Antibiotic ointment

I do not want any medication given to my child in school

I understand that the medications I have checked will be administered by the school nurse, or her designee.

Year _____
INITIAL DATE CHILD’S WEIGHT

Signature _____

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. Thank you for your assistance.