

**PERSONAL  
INFORMATION**



**CONFIDENTIAL**

Does your child have any disabilities or need for any form of special attention?

If yes, kindly mention such physical or psychological challenges?

What form of short term or immediate attention does he/she require?

Regarding your marital status, please indicate:

Married  Divorced  Separated  Widowed  Others

If divorced and/or remarried, does your child see his/her other parent and how often?

Does he/she react to seeing the other parent?

Where does the other parent live?

Do visits entail much travelling?

Kindly describe any religious or cultural practices, especially dietary restrictions we need to be aware of:

How do you discipline your child at home?

What was your deciding factor in enrolling your child here?

What are your expectations for your child at Crown Jewels E&I Schools?

How did you hear about Crown Jewels E&I Schools?

Social media (Instagram, Facebook)?  Friend/Relative?

Referral?  Signage?



5 Onishon Road One, Onishon,  
Off Lagos-Epe Express Way  
Near Lakowe Lakes Golf Junction,  
Lakowe, Ibeju-Lekki, Lagos.

0704 949 4992 0805 396 1800

@crownjewelseischools

crownjewelseischools@gmail.com

Please pin/clip a  
passport photograph  
(Do not glue)

**ENROLLMENT FORM**

**STUDENT BIO - DATA**

Surname

First Name

Middle Name

Date of Birth:        
DY/MM/YR

Nationality:  State of Origin:  Sex:

Proposed date of entry:  Entry level:  Religion:

**PARENT/GUARDIAN - 1**

Name:

Home Address:

Email Address:

Occupation:

Office Address:

**PARENT/GUARDIAN - 2**

Name:

Home Address:

Email Address:

Occupation:

Office Address:

**NEXT OF KIN / EMERGENCY CONTACT PERSON**

Name:

Home Address:

**TRANSFER STUDENT**

Previous School:

Address:

Reason for Leaving:

# PARENT AUTHORIZATION

## PERSONAL INFORMATION CONFIDENTIAL

### ACADEMY PERMISSIONS

I give permission for my child  to be transported by Crown Jewels E&I Schools for school activities when applicable.

Date:  Name and Signature:

I give permission for pictures and videos to be taken of my child for educational or publicity purposes at Crown Jewels E&I Schools.

Date:  Name and Signature:

### WATER ACTIVITIES

I give permission for my child  to participate in water activities when under school supervision.

Date:  Name and Signature:

### FOOD POLICY

I give permission that my child  can eat food given at Crown Jewels E&I Schools.

Date:  Name and Signature:

### EMERGENCY AND FIRST AID

I hereby authorise the staff and administrators representing Crown Jewels E&I Schools to give consent for any necessary emergency and First Aid needs for my child.

Date:  Name and Signature:

### MEDICAL INFORMATION

Physician in Lekki/Ajah Area \_\_\_\_\_  
Clinic Phone No. \_\_\_\_\_  
Medical Problems/Allergies \_\_\_\_\_  
Medication \_\_\_\_\_

*Registration Form  
Family Photograph  
Transportation Form  
Previous School Reports  
Photocopy of Birth Certificate  
(4) Child's Passport Photographs  
Photocopy of immunization Certificate*

*Please provide the following items for your child's file in the admission office.*



Authorized Pickup (in person) Only 1 Pickup Authorization via phone call NOT acceptable

Name:   
Home Address:   
Phone Contact:

Authorized Pickup (in person) Only 2 Pickup Authorization via phone call NOT acceptable

Name:   
Home Address:   
Phone Contact:

We require answers to the suit of questions below to enable us understand how best to work with your child entrusted to our care. It is equally important to let us know of significant incidents at home that might affect your child's conduct in school.  
Is your child an only child?

If not, please list siblings and their ages

Is your child adopted?  Does he/she know this

Has your family moved recently?  From where?  How long ago?

Circumstances of birth/pregnancy with him or her:   
Describe the child's birth  
Normal Delivery?  Premature?  Caesarean?  Past due date?   
Any complications?

Has your child suffered any emotional or physical trauma between birth and present? (i.e. death of close family members, severe illness, severe accidents, separation or divorce of parents, hospitalizations, reasons and dates)

Does your child have friends his/her age in your neighborhood?   
Does your child have a pet?  What kind?  Name

Does your child relate freely with other adults?   
Authority figures in your child's life beside parent s (e.g. maid, uncle, aunt, grandparents, living with you)?

Does your child have any challenges?  
Hearing  Speech  Learning  Behavior   
Please describe