



passport Size
photo

NAAM GLOBAL VISION EDUCATION COMPLEX

ADMISSION FORM

01. Name of the student:

.....
(First Name)

.....
(Middle Name)

.....
(Surname)

02. Gender: Male

Female:

03. Nationality : _____

04. Date of Birth : _____

05. Last School Attended : _____

Details of Health condition _____

06. Destination : _____

07. Next Class : _____

PARENT/GUARDIAN DETAILS

08. Name: _____

09. Occupation : _____

10. Location : _____

11. Residential address : _____

12. Marital Status : _____

13. Relationship to Student : _____

14. Contact : _____ Email: _____

15. Name of Father : _____

16. Occupation : _____

17. Location : _____

18. Residential address : _____

19. Marital Status : _____

20. Relationship to Student : _____

21. Contact : _____ Email: _____

NOTICE

Parents are to note that fees paid are not refundable. Parents are to give a term notice in case of withdrawal or pay a term fee in lieu of notice. Refusal to clear a debt(s) before withdrawal can lead to sanction.

NAME: _____

DATE: ____/____/____

SIGNATURE: _____

SCHOOL FEES PAYMENT POLICY

The terms and agreement on how school fees would be paid by parents with regards to their ward(s) admission. Kindly tick a payment plan:

Daily Basis: Weekly Basis: Monthly Basis: Termly Basis:

PARENTS/GAURDIANS CONSENT FORM

I..... hereby grant permission for my child to use all the play equipment and participate in all activities of **Naam Global Vision Educational Complex** (e,g Community Service, Excursion, Health Screening, Sports etc.)

I hereby grant permission for my child to leave the school premises under supervision of the school for any programme.

I also grant permission to the school management to take whatever steps may be necessary to obtain emergency medical care if warranted. these steps may include, but not limited to the following;

1. Attempt to contact me on this/these telephone number(s);

.....

2. Attempt to contact my ward(s) doctor on this/these telephone number(s);

.....

3. If you cannot contact me or my doctor, do any of the following;

a. Call the school doctor. **b.** Call an ambulance. **c.** Have my ward taken to an emergency hospital by a staff member of the school.

4. Any expense incurred under the three (3) above will borne by me.

NB: The school will not be responsible for anything that may happen as a result of false information given at the time of admission or enrollment.

NAME:

DATE:/...../.....

SIGNATURE:

PARENT'S/GUARDIAN'S DECLARATION.

I, Mr./Mrs/Miss..... hereby declare that,
..... is my ward and I am fully prepared to foot all
his/her bills in the school. i agree to give a term notice if for any reason I decide to withdraw my
ward or pay a term school fees and if not so, any necessary action should be taken against me.

.....

HEADTEACHERS SIGNATURE

.....

PARENT/GUARDIAN SIGNATURE

FOR OFFICE USE ONLY

Please admit

in class..... Section..... Admission No.....

Fee Receipt No.

Date:/...../.....

Head Teacher

Proprietor

Sig: _____

Sig: _____