



NEW CREATION SCHOOLS

PRIMARY: OPOPOGBORO STREET OFF NOVA ROAD. ADO-EKITI.

COLLEGE: TEMIDIRE QUATERS, OFF NOVA ROAD. ADO-EKITI.

Tel: +234 803 062 5536, 813 271 9745.

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Application Contract

Please read this statement before signing your application. Enclosed with this application are the following:

- ☐ Application for Admission
- ☐ Copy of original passport or birth certificate to verify age
- ☐ Health Form
- ☐ Copy of the last school records, including testing.
- ☐ Two passport photographs

NCS reserves the right to refuse admission to any student who was dismissed from another school for academic, disciplinary, or other reasons. Any student/parents failing to reveal such a record at the time of enrollment may be subject to expulsion when the Proprietress learns of the omission. Students expelled from NCS are not entitled to a refund.

I hereby apply for admission of to NEW CREATION SCHOOLS, in accordance with the terms, rules and regulations of the school. I understand there will be admissions testing prior to grade placement.

I understand that all acceptances to NEW CREATION SCHOOLS are based on complete review of the student's records. Testing will be necessary during my child's enrollment at NCS, and that I will be informed in advance.

In the consideration of the acceptance by NEW CREATION SCHOOLS, the student named above, I agree to be responsible for all charges.

I understand that enrollment is for a full school year, that all tuition is to be paid according to invoice instructions and timeline, and that no exemption, deduction, or rebate from tuition charges will be made in case of temporary absence, dismissal, or withdrawal after the first day of school.

I recognize that school privileges may also be denied for any other reason deemed sufficient by the authorities of the school, in accordance with its published regulations.

Signature: _____

Date: _____

For Office Use Only:

Date Application Received:	Assessment Date:	Age Appropriate Grade Level:	Receipt No.
Admission Notes:			Student Start Date:



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STUDENT HEALTH REPORT

STUDENT NAME: _____ GRADE: _____

In order to keep your child's health records current, please complete all forms and either return it to the registrar or email to newcreationschools@gmail.com as soon as possible. The information provided will offer considerable assistance to the school health personnel when dealing with acute/emergency and chronic health problems should they arise during school hours.

1. **ALERTS:** *please check those that apply*

NONE

Autism

Asthmatic

Cerebral Palsy

Constant nose bleeds

Diabetes

Dietary restrictions

Epileptic

Excessive bleeding

Heart condition

Migraines

Sickle cell anemia

Seizures / convulsions

Cystic Fibrosis

Other: *please explain:* _____

2. **ALLERGIES:** *please check those that apply*

NONE

Dairy products

Dust

Eggs

Fish

Grass

Bees/wasps/insects

Medications/drugs

Peanuts

Penicillin

Pollen

Shell

Sulphur related products

Other: *please explain:* _____

3. **FRACTURES AND INJURIES**

NONE

If Yes, *please explain* _____

4. **RECENT HOSPITALIZATION**

NONE

If Yes, *please explain* _____

5. **OPERATIONS / PROCEDURES**

NONE

If Yes, *please explain* _____

6. **AUDITORY DIFFICULTIES:** *please check those that apply*

NONE

Deafness

Ear infections

Hearing aid(s)

Other: *please explain* _____

APPLICATION FORM

Applications will only be processed if they include:

- Application for Admission
- Copy of your child's original birth certificate or passport to verify age
- Two passport photograph
- Copies of the last year school records, including testing.
- Payment of Application Fee



If any of the required documents are missing, the application will be considered **incomplete** and **not activated** until the documents have been received.



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Please print or type clearly and provide the most complete information possible.

Priority Category: _____ App. Fee stamp: _____

Admission Information

Application Date:	Last Grade Attended	Applying for Grade:	For School Year:	Estimated Entrance Date:
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Student Information

Last Name:	First Names:	Middle Name:	Preferred Name:	
Birth Date: Month Day Year	Gender: M F	Current age: Years Months	Citizenship:	Country of Birth:
Home Address:			Home phone #	
Native Language:	Language Spoken at Home:	Other language spoken and is student fluent? Yes No	Does student require ESL? Yes No Years attended:	

Information Father/ Guardian

Title: Mr./Dr./Chief	Last Name:	First Name:	If Guardian, relationship to student:	Nationality:
Work Phone # :		Mobile #:	E-Mail:	
Employer/ Company Name:		Position:	Expected Length of Stay in town (Expatriates):	
Employer's Address:				
Employers Phone #'s:		Extension #:	Work Fax #:	Work E-Mail:

Information Mother/ Guardian

Title: Mr./Dr./Chief	Last Name:	First Name:	If Guardian, relationship to student:	Nationality:
Work Phone # :		Mobile #:	E-Mail:	
Employer's Address:				
Employers Phone #'s:		Extension #:	Work Fax #:	Work E-Mail:

Sibling Information Attending NCS

Siblings First and Last Name:	Grade	Birth Date: Month Day Year	Gender: M F
Siblings First and Last Name:	Grade	Birth Date: Month Day Year	Gender: M F
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Education Background

Current or Last School Attended:		School's Address:	Phone #'s:
Contact Person and Title:	E-Mail Address:	Web Address:	
Grades Attended:	Dates Attended, From: (Month/Day/Year):	Dates Attended To: (Month/Day/Year):	

In order to provide the necessary support for each student, it is important that we have a full understanding of the student's needs

Has your child ever had any of the following assessments? Psycho educational ☐
Speech and Language ☐ Cognitive ☐ Other educational ☐
If yes, please ***include*** a copy of the assessment with this application and provide details:

Has your child ever been in Remedial Assistance? ☐
If so, state subject area for which help was given:

Has your child ever been in English as a Second Language Program (ESL)?
Please Check Level: ☐ Basic ☐ Intermediate ☐ Advanced

Please supply any additional information that will help us meet the educational, emotional or physical needs of your child.

Additional Emergency Contacts – Parents will be called FIRST

Emergency Contacts Name:	Relationship to Student:	Work Phone #:	Cell Phone #:
Emergency Contacts Name:	Relationship to Student:	Work Phone #:	Cell Phone #:
Student's Physician :	Office Address:	Office Phone #:	Cell Phone #:
Student's Physician :	Office Address:	Office Phone #:	Cell Phone #:
Student's Physician :	Office Address:	Office Phone #:	Cell Phone #:

Tuition and School Fees

Does parent's employer pay tuition fees? Yes(% Paid by employer) ☐ No ☐

Send all invoices to: _____

Full Address: _____

Tel: _____ Fax: _____ Email: _____

How did you hear about New Creation Schools? _____
