



THE CENTAGON INTERNATIONAL SCHOOL, ABUJA

Please complete the form by typing in your responses.

Application For Admission

1 Surname: _____
Other names: _____ Sex: Male Female
Date of birth: _____ Nationality: _____

2 Permanent address: _____ Temporary address: from: _____ until: _____

Postcode _____ Postcode _____
Telephone: _____ Telephone: _____
Email: _____ Email: _____
Fax: _____ Fax: _____

3 Country of origin: _____
Primary language: _____

4 Grade for which you are applying:
Pre-school (Nursery) Pre-K (Reception) KG (Yr 1) Grade 1 (Yr 2) Grade 2 (Yr 3) Grade 3 (Yr 4) Grade 4 (Yr 5) Grade 5 (Yr6)
Grade 6 (Year 7) Grade 7 (Yr 8) Grade 8 (Yr 9) Grade 9 (Yr 10) Grade 10 (Yr 11) Grade 11 (Yr 12)
Title of grade: (please indicate) _____ Last grade completed: _____
Name of last school attended with dates: _____
Address of last school attended: _____

PRIMARY CONTACT / REFERENCES

1. Name: _____
Address: _____
Telephone: _____ Email: _____ Relationship: _____
SIGNATURE: _____ DATE: _____
2. Name: _____
Address: _____
Telephone: _____ Email: _____ Relationship: _____
SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

I understand that all information provided on this form is correct and complete. I understand that any false statement may result in forfeiting of admission. In the event of a change of any information, the school will be duly notified.

Please return form to: The Information and Admissions Office, The Centagon International School, Abuja.
29/31 Mississippi Street, Maitama, Abuja.

APPLICANT'S MEDICAL HISTORY

It is compulsory for all pupils to fill this medical form. Please fill this form correctly.

Name: _____

Date of birth: _____ Sex: Male Female

1. Does your child have any health problems? Sickle Cell, Asthma, Diabetes, Allergies or any other condition?

Please indicate: _____

2. Is your child up to date on His/Her immunizations? YES NO

3. Is your child on any prescription that should be taken during school hours? YES NO

Please indicate prescription : _____

4. Name and address of Family Hospital within Abuja: _____

Hospital Telephone: _____

5. Do we have the permission to administer non-prescription medications like pain relievers by the school nurse should the need arise? YES, I give my permission for non-prescription medications to be administered to my child.

NO, I do not give my permission for non-prescription medications to be administered to my child.

PARENT'S NAME: _____

SIGNATURE: _____ DATE: _____

For official use ONLY

APPLICATION FEE	REPORT CARDS	MEDICAL FORMS	TEST SCORE	ADMISSION STATUS

All application packages to be accompanied by the following:

1. Completed application form
2. 2 passport size photographs.
3. Copy of birth certificate or the datapage of international passport.
4. Application fee payment of N 15,000.
5. Completed medical forms (immunization, Health information and examination forms)
6. Official transcript or copies of previous report cards.

CURRICULUM AGE COMPARISMS

NIGERIAN SYSTEM	AMERICAN SYSTEM	BRITISH SYSTEM	AGES
Nursery	Pre-school	Nursery	3 yrs by September
Pre-Primary	Pre-K	Reception	4 yrs by September
Primary 1	Kindergarten	Year 1	5 yrs by September
Primary 2	Grade 1	Year 2	6 yrs by September
Primary 3	Grade 2	Year 3	7 yrs by September
Primary 4	Grade 3	Year 4	8 yrs by September
Primary 5	Grade 4	Year 5	9 yrs by September
Primary 6	Grade 5	Year 6	10 yrs by September
			Cambridge Primary Checkpoint, Entrance Exam into Secondary
JSS 1	Grade 6	Year 7	11 yrs by September
JSS 2	Grade 7	Year 8	12 yrs by September
JSS 3	Grade 8	Year 9	13 yrs by September
			NECO - BECE, Cambridge Checkpoint for Lower Secondary
SSS 1	Grade 9	Year 10	14 yrs by September
SSS 2	Grade 10	Year 11	15 yrs by September
SSS 3	Grade 11	Year 12	16 yrs by September
			PSAT 8/9
			PSAT 10
			WAEC, JAMB IGCSE & PSAT/NMSQT