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| **Raphael-Evelyn Ofodum International School**  **Student Admission Application Form**  **Download and complete this application form.**  **Email completed form to apply@revedu.org.**  **Receipt of the application fee of N500 must be presented at the time of the**  **Entrance Examination.** | | |
| **Section 1 – Student Information (Print)** | | |
| Name: | (Last) (First) (Middle) | |
| Mailing Address: |  | |
| Telephone Number: |  | |
| Date of Birth | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | D | D |  | M | M |  | Y | Y | Y | Y | |  |  | / |  |  | / |  |  |  |  | | |
| Emergency Contact Information:  (Name, Address, Telephone Number and Relationship to Student) | |  |
| What language(s) is/are spoken daily in your home? | |  |
| **Section 2 – Parent/Guardian Information** | | |
| Father Mother Guardian  Telephone Numbers:  (work)  (cell) | | |
| Employer’s Name:  Address:  Telephone Number: | | |
| **Section 3 – Household Information** | | |
| List the name, age and relationship of all persons who live in the student’s household.   |  |  |  | | --- | --- | --- | | **Name** | **Age** | **Relationship** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | |
| **Section 4 – Additional Student Information** | | |
| Does your child have a health problem of which the school should be made aware?  **Yes ☐ No ☐**    If Yes, name the health condition(s): | | |
| Name and Address of Student’s Last School Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Grade Level Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Date Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **A copy of the student's last grade testimonial/report is attached to this application. Yes ☐ No ☐** | | |
| Notes/Comments: List any additional information you would like to share about the student. | | |

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| **Section 5 – Parent/Guardian Signature Required** |
| **This is to certify that I am the: Parent ☐ Guardian ☐**  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SCHOOL OFFICIAL USE ONLY:**  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of School Personnel Receiving Packet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Application Fee Receipt of ₦500 from either Zenith Bank PLC- 1213021941 or**  **First Bank – 2038267716 with account name -** **RAPHAEL-EVELYN OFODUM GIRLS INTERNATIONAL SCHOOL ORSUMOGHU** **Yes \_\_\_\_\_ No \_\_\_\_\_**  **Report Testimonial attached Yes \_\_\_\_\_ No \_\_\_\_\_**  **Applications for the school year starting September 2021 must be received by August 1, 2021.**  **The Entrance Examination for applications received by August 1, 2021 will be held on Saturday, August 7, 2021 at the following locations:**   * **Raphael-Evelyn Ofodum International School, Orsumoghu, Ihiala LGA.** * **St. Michael Academy Umudim, Nnewi, Anambra State** * **All Hallows Seminary, Onitsha Anambra State.** |