

# HIGHBROW INT'L. SCHOOL

Okemini Road, Rumuagholu, Port Harcourt.

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Affix a recent  
passport picture  
Here.

## APPLICATION FORM: PART 1

Complete parts 1, 2 and return as soon as possible at the school office

### Application for Admission (Pupil's Information)

Tick the grade you are applying  crèche  Pre Nursery  Nursery  Primary  secondary

Last Name/ Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female   
[Month, Day, Year]

Country of Origin \_\_\_\_\_ State of Origin \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_

### Family Information [Name of Parent or Legal Guardian]

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

E mail \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

How did you learn about Highbrow Int'l School?

Radio / TV Advert  Church / Organization  Staff  Family Member

Friend  School  Workplace  Internet  School Sign

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION FORM: PART 2**

Last Name / Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female   
[Month, Day, Year]

Father's Name: \_\_\_\_\_ Cell No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell No: \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_ Cell No: \_\_\_\_\_

Emergency Contacts [Relatives or Friends who can be contacted if parents cannot be reached]

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**Medical Treatment Authorization *(please check appropriate box)***

In case of emergency, I give permission for Highbrow Int'l School to take my child to the hospital

In case of emergency, I do not give permission for Highbrow Int'l School to take my child to the hospital

Parents Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assessment and recommendation (please check appropriate box)**

Pupil / Student is well, no other diagnosis

Pupil / Student with diagnosis of \_\_\_\_\_

Pupil / Student is **cleared to participate fully, with no restrictions** in academic, athletic and extracurricular activities

Pupil / Student is **cleared to participate fully, with the following restrictions**, in academic, athletic and extracurricular activities

Academic Restrictions \_\_\_\_\_

Athletic Restrictions \_\_\_\_\_

Other Restrictions \_\_\_\_\_

\_\_\_\_\_Pupil is **not cleared to participate** in academic, athletic and extracurricular activities

Examining Doctor's Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_