



DAGLORE MODEL COLLEGE

D A M C O

Behind L.G. Secretariat, Iwodi Quarters, Ikole Ekiti, Ekiti State.
Email: dagloremodelcollege@gmail.com Website: www.dagloreschools.com

APPLICATION FORM

STUDENT'S INFORMATION

Surname _____
Other Names _____
Date of Birth _____ Gender _____
Place of Birth _____ Home phone _____
Nationality _____
Languages spoken _____

Passport

EDUCATION

Previous School attended _____
Address of previous School _____
Number of years at this School _____ Classes attended _____

ADMISSION DETAILS

School year applying for _____ Entry Date _____
Qualifying Class _____

FAMILY INFORMATION

Name of Parent /Guardian _____
Kinship _____ Nationality _____
Native language _____
E-mail _____ Cell phone number _____
Address (if different from above) _____
Profession _____ Employer _____
Work address _____
Work phone _____ Fax _____

OTHER INFORMATION

How did you hear about DAMCO? _____

Please list the reasons why you wish to enroll your child at DAMCO: _____

Has your child ever received any academic or other support within or outside school? (i.e. extra lessons, speech therapy, special learning programs, counselling...) If YES, please describe. You may write on a separate sheet and submit it with this document

Is your child required to take prescribed medication on a regular basis? Please specify _____

Though not on any medication, if he/she has any health issue, please specify _____

Note: Parents & Guardians should attach latest passport photographs to this form. Please provide additional information regarding your family situation that you wish to mention:

Disclaimer and authorizations:

Correspondence and billing: Please note that all general correspondence will be sent to the parent(s)/Guardian(s) unless otherwise stated in writing by the Parent(s)/Guardian(s).

Pictures: DAMCO reserves the right to reproduce student photos in the school's promotional material and publications unless otherwise instructed in writing by the student's Parent/Guardian.

Acknowledgement: DAMCO expects acknowledgement to every correspondence/communication sent to parents by mail/text/letter

Name of person completing this application _____

SIGNATURE _____ DATE _____

PAYMENT INFORMATION

Is your child's tuition paid by an organization? _____

(If YES, please provide contact information for the person responsible for payment to address the letter to).

Name and industry of the organization _____

Name of contact _____ Phone _____

E-mail _____ Fax _____

If NO, please provide name of parent/guardian responsible for all payments: _____

Do you wish to apply for academic/other achiever's assessment? _____

Specify previous achievement record _____

FOR OFFICIAL USE ONLY

Received by: _____ Date received: _____

Fees: _____ Conference with Parents: _____

Decision + Date: _____

Comments: _____

