



# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_