



# King's Seed HIGH SCHOOL

53, Oyewole Road, Mulero, Iyana Ipaja, Lagos. Tel: 08029411505, 08027736616

Email: [admissions@kingseedhighschool.com.ng](mailto:admissions@kingseedhighschool.com.ng)

Website: [www.kingseedhighschool.com.ng](http://www.kingseedhighschool.com.ng)

00055

## ADMISSION PROCEDURE

Admission to King's Seed High School is strictly based on merit. Prospective candidates are required to take the following steps;

1. Purchase an application form from the school office with a non-refundable fee (This covers administration fee and entrance assessment).
2. Return application form with the following;
  - a. Photocopy of birth certificate
  - b. 2 recent passport sized photographs
  - c. Photocopy of academic records from the most recent school attended
3. Take the Entrance Assessment.

Note: Candidates seeking admission will be assessed on the following subjects: English Language, Mathematics, and other relevant core subjects.

4. If admission is successful, you will be contacted via text or email. You can then proceed to;
  - a. Pick up admission letter
  - b. Attend Student-Parent interview with the School Management
  - c. Make payment
  - d. And, submit signed MEMORANDUM OF AGREEMENT
5. Finally,  
Attend the induction programme.



# King's Seed HIGH SCHOOL

53, Oyewole Road, Mulero, Iyana Ipaja, Lagos.  
Tel: 08029411505, 08027736616  
Email: admissions@kingseedhighschool.com.ng  
Website: www.kingseedhighschool.com.ng

## APPLICATION FOR ADMISSION

SURNAME	<input type="text"/>		
FORENAMES	<input type="text"/>		
DATE OF BIRTH	<input type="text"/>	MALE/FEMALE	<input type="text"/>
NATIONALITY	<input type="text"/>	RELIGION	<input type="text"/>
PROPOSED ENTRY YEAR	<input type="text"/>	ENTRY LEVEL	<input type="text"/>
NAME OF FATHER	<input type="text"/>		
OCCUPATION	<input type="text"/>		
OFFICE ADDRESS	<input type="text"/>		
E-MAIL	<input type="text"/>		
HOME ADDRESS	<input type="text"/>	TEL	<input type="text"/>
	<input type="text"/>	TEL	<input type="text"/>
NAME OF MOTHER	<input type="text"/>		
OCCUPATION	<input type="text"/>		
OFFICE ADDRESS	<input type="text"/>		
E-MAIL	<input type="text"/>		
HOME ADDRESS	<input type="text"/>	TEL	<input type="text"/>
	<input type="text"/>	TEL	<input type="text"/>
WHO WILL PAY SCHOOL FEES & OTHER EXPENSES	<input type="text"/>		
SCHOOL ATTENDED DURING THE LAST YEAR	<input type="text"/>		
ONE CLOSE CONTACT (NEAR THE SCHOOL)	<input type="text"/>		
NAME	<input type="text"/>		
ADDRESS	<input type="text"/>		

*A non-refundable fee will be charged for each application.*

*Please complete the application form and return to the Admission Office.*

*Application must be accompanied by a copy of the Birth Certificate, Two recent Passport pictures and previous school report.*

*Please note that registration does not guarantee admission.*

*All admissions are on merit and are contingent upon available space.*

***I have read the conditions of admission and should my child be admitted,  
I agree to conform to the School rules and regulations.***

SIGNED  DATE

### OFFICE USE ONLY

REG. NO  SCHOOL HOUSE

ADMITTANCE DATE  REG. FEE RECEIVED

## MEDICAL INFORMATION

A. Does your child/ward have the SS genotype? YES  NO

B. Is your child/ward asthmatic? YES  NO

C. Has your child/ward any of the following conditions:

Eye Defect  Ear Problem  Nose Problem  None

D. Has your child/ward any other medical condition or form of allergy that the school should know about? YES  NO

E. Has your child/ward ever been diagnosed as having specific learning difficulties such as Dyslexia, ADHD or any other? YES  NO

F. Is any emergency

Your Doctor's name

Address

Tel

G. In an emergency, do you permit us to take your child to the hospital affiliated with the school?

YES  NO

.....  
Father's Signature & Date

.....  
Mother's Signature & Date

\*If your child has a fever, diarrhoea or any form of infection (chicken pox, measles, small pox), kindly keep him/her at home for speedy recovery and safety of other students.

**TERMS & CONDITIONS**

I wish to apply on behalf of my child..... to King's Seed high school.

I have read and agreed to the admission procedure

I agree to support my child/ward to abide by the rules and regulations of King's Seed High school

I agree to forfeit the right of education in this school, if the school fee is not paid when required (At least 70% of the school fee must be paid on or before resumption date of every term. All fees must be fully paid by 4th week)

I agree to bear the financial burden for breakages and damages caused by my child/ward's action

I will inform the school of any change in contact information including phone number, address and other relevant details.

I..... will be responsible for the full sponsorship of ..... during his/her stay at King's Seed High School.

All information provided is correct and accurate.

Signature: .....

Parent/Guardian Full Name: .....

Child/Ward Full Name: .....

Date: .....

(Should be completed, signed and submitted to King's Seed High School Admission Office).