

3. Parents/Guardian's Contact details (Please delete as appropriate)

Full names of mother/guardian (Title: Dr/Mrs/Ms/Miss/other):

Full residential address:

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

Place of work:

Work address:

Full names of father/guardian (Title: Dr/Mr/other):

Full residential address (if different from mother's):

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

Place of work:

Work address:

4. Further contact information (Marital status of parents)

Single

Married (to each other)

Separated

Divorced

Widowed

- a) In the case of different addresses, correspondence will be sent to both.
- b) In the case where one parental contact is provided above, please could you provide a brief note of explanation as to why this is the case (as ordinarily signatures of both parents are required on this Application Form):

Check if applicable: Father deceased Mother deceased Father has custody Mother has custody

5. Indicate with whom the child is mainly resident:

Mother

Father

Both Parents Together

Other (please state) _____

6. Additional emergency contact:

Full name of emergency contact:

Relationship to child:

Full residential address:

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

Place of work:

Work address:

7. Guardian in Nigeria if parents live abroad:

Full names of guardian (Title: Dr/Mrs/Ms/Miss/other):

Relationship to child:

Full residential address:

Occupation:

Nationality:

Country of residence:

Work telephone:

Home telephone:

Mobile telephone:

E-mail address:

Place of work:

Work address:

8. Does your child have any Learning Support requirements?

Does your child have any Learning Support requirements?

Yes

No

My child has been assessed for dyslexia and/or specific learning support requirements.

Yes

No

He/ She has been receiving extra one-to-one support or small group tuition.

Yes

No

He/ She has an Educational Psychologist's report (if Yes, please enclose a copy with this Application Form)

Yes

No

My child has extra time or other access arrangements in examinations.

Yes

No

(Any information you give will be treated confidentially and forwarded to the Head of Learning Support, who may contact you for discussion.)
Please provide all documentation including medical reports in respect of the above.

9. Are there any special medical circumstances the school should be aware of?

Are there any special medical circumstances in respect of your child that the school should be aware of?

Yes

No

(If yes, please provide us with details in documentation and medical reports.)

Please remember to enclose the following with the application form:

1. A photocopy of your child's full birth certificate

2. A photocopy of your child's latest school report

3. Two (2) passport photographs of your child

How did you hear about Day Waterman College?

Independent school's directory

Present school

Local knowledge

Advertisement/Press article/TV/Radio/Internet

Friend/Relative/Sibling

DWC staff (please state) _____

Other DWC parents (please state) _____

Other (please state) _____

10. Declaration

We request that our above named child be registered as a prospective student of Day Waterman College. We understand that the Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require which will apply in all our dealings with the School. We also understand that the School may obtain, process and hold personal information about our child, including confidential information such as medical details, and we consent to this for the purposes of assessment of our child and, if a place is later offered, in order to safeguard and promote the welfare of our child.

(Each parent/guardian must sign and complete this form below. In the case of only one signatory please complete Question 4b.)

I declare that the information furnished by me in this form is correct to the best of my knowledge.

First signature:

Second signature:

Printed name in full:

Printed name in full:

Relationship to the child:

Relationship to the child:

Date:

Date:

We give permission for photographs of our child/ward taken while at school to be used for school marketing purposes e.g. prospectus, website, newspapers etc.

Yes

No

Please note that early application is recommended. Applications will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the School at the time. A copy of the current Admissions Policy and Terms and Conditions is available on our website.

On completion, please return this form to: **Admissions Officer**

Day Waterman College

2B Oko Awo Street, Victoria Island, Lagos.

Telephone: +234 (0)805 504 7747 (DWC Lagos Liaison office);

+234 (0)816 605 7312 (Admission Office)

E-mail: admissions@dwc.org.ng

Website: www.dwc.org.ng

Please indicate
exam centre of choice:

FOR OFFICE USE ONLY

Receipt no:

Amount paid:

Date of payment:

Date form returned:

Form No.:

APPLICABLE TO ALL STUDENTS.

UPDATED ON: 14 JULY 2016