

11. Please provide us with details of any medical condition, health problem or allergy affecting your child; any mental health issues, including eating disorders; any learning difficulty, disability, or special educational need of your child, as well as any behavioral, emotional and/or social difficulty of your child, **using the enclosed Confidential Information Form** (if applicable).

Notes

Early registration is recommended. Registrations 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 offers are made. A copy of the current edition of the Terms and Conditions will be supplied on request.

Declaration

I/We request that the name of our above-named child be registered as a prospective student. I/We enclose the non-refundable Registration Fee of ₦5,000. I/We understand that the terms and conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. I/We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

First Signature: _____ **Second Signature:** _____

Name in Full: _____ Name in full: _____

Relationship to the Child: _____ Relationship to the Child: _____

Date: _____ Date: _____

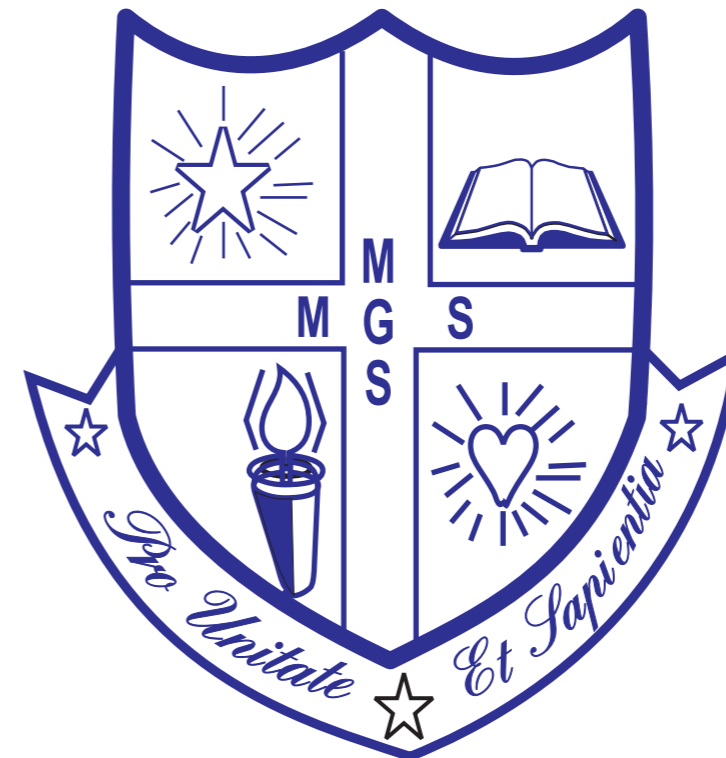
52, Olubadan Avenue, 7up Road, Oluyole Estate ,Ibadan.
27, Olubadan Avenue, 7up Road, Oluyole Estate ,Ibadan.
28, Adenuga street, kongi Bodija. Ibadan.
Tel: 08033661528, 08073661551, 08023257996.

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facebook: marella relation

www.marellaschools.com

REGISTRATION FORM

MARELLA INTERNATIONAL GROUP OF SCHOOLS



MARELLA

1. **Student's Name:** _____

(In full and in BLOCK LETTERS as it appears on Birth Certificate or Passport)

Full Date of Birth: _____

Gender (please tick) Male Female

Student Type Day Weekly boarder Full Boarder

Nationality: _____ Religion: _____

Proposed Entry Term _____ **Year:** _____

Have you registered your child in any other school/s and if so, which?

2. **Please tell us how you first heard of the school:**

- Present School Advertisement Friends Open Day
 Website Reputation Agent Other (please give details):

3. **Your Child's Usual Residential Address**

Home Telephone _____

4. **CONTACT PHONE NUMBER (IN CASE OF EMERGENCY):**

5. **Mother's / Legal Guardian's Title, Full Names, Address (if different from Child's Address)**

Daytime telephone: _____ Evening Telephone: _____

Email Address: _____ Mobile Telephone: _____

Occupation: _____

Employer's business name and address: _____

AFFIX YOUR
PASSPORT
PHOTOGRAPH

6. **Father's / Legal Guardian's Title, full Names, Address (if different from Child's Address)**

7. **Please mention here the names of any other members of the family attending the School, or registered for entry; or any other connection with the School (e.g. members of the family who are or who have been School staff, or who have previously attended the School).**

8. **Please state the name and address of your child's present school:**

Name of Head: _____

Date your child started at the school: _____

9. **Please outline a few of your child's achievements, be they academic, artistic, dramatic, musical or sporting etc**

10. **Please give an outline of your child's other hobbies or interests:**

