



Teacher Gloria Omololu Institute

SUPPORTIVE PARENTS

NAME OF CHILD:

Your choice of this educational program for your child demonstrates your concern and support for your child's education. We therefore request that you complete this form of commitment.

We (I) realize the importance of our (my) involvement in our (my) child's education and our (my) responsibility to participate fully in the process. We (I) commit ourselves (myself) to giving the Institute our (my) full cooperation by attending meetings, monitoring our (my) child's progress in school, assisting with homework, sharing our skills and expertise with the Institute and assisting with school events.

Parents please write and sign your names below:

Mother

Date

Father

Date

Each parent has different skills, expertise and knowledge. We invite you to share some of your special skills with us.

The skills we (I) possess are

We (I) are (am) willing to assist by _____

Thank you! We look forward to working with you and providing an enriching and stimulating educational experience for our children!

Dahlia Shields, MA
Principal

Oluwakemi M Linda Banks, PhD
Founder/Executive Director

ADMISSION FORM - PRESCHOOL & PRIMARY



Admitted on.....
Grade.....

<u>Child's Name:</u>				
Date of Birth(d/m/y):	Present Age:	Gender: Male: female:		
Place of Birth:	Nationality or Nationalities			
Native Language: Other Language(s):	Address:			
<u>Mother:</u>	<u>Father:</u>			
Nationality:	Nationality:			
Native Language: Other Language(s):	Native Language: Other Language(s):			
Occupation:	Occupation			
Employer:	Employer:			
Home address:	Home address:			
Tel(Home): (Work): (Cell): Email:	Tel(Home): (Work): (Cell): Email:			
<u>Siblings</u>	1	2	3	4
Name				
Age				
School				
Family References: Parents are: married..... living together.....widowed..... Divorced.....separated.....other (Please describe).....				
With whom does the child live now?				

P O Box 703 The Valley AI-2640 Anguilla West Indies
Tel: (264) 497 5430 Fax: (264) 497 3911

ADMISSION FORM - PRESCHOOL & PRIMARY (cont'd)

Academic History: (Name most recent school first)

Name of School	City/State/ Country	Grades	Date Entered	Date Left	Reason For Leaving

Special Needs:

Does your child have any learning or physical disabilities? Yes..... No.....If yes, please explain:

Extracurricular Activities:

Is your child active in any extracurricular activities? Yes.....No..... If yes, please describe:

Music.....Art.....
Sports.....Other.....

Medical History:

Please note any medical problems, allergies and the status of immunizations:

Any Other Relevant Information:

The person who will usually be picking up my child from school is:

Name: _____ Tel: _____

The person to contact in case of an emergency is:
(If other than parents please include telephone number)

Name of child's doctor: _____ Tel: _____

I declare that the above information is true and accept that the school will not consider this application if any of the information above is false.

_____ Name

_____ Signature

_____ Date

ADMISSION FORM – PLAY SCHOOL



Admitted on.....
Grade.....

<u>Child's Name:</u>				
Date of Birth(d/m/y):	Present Age:	Gender: Male: female:		
Place of Birth:	Nationality or Nationalities			
Native Language: Other Language(s):	Address:			
<u>Mother:</u>	<u>Father:</u>			
Nationality:	Nationality:			
Native Language: Other Language(s):	Native Language: Other Language(s):			
Occupation:	Occupation:			
Employer:	Employer:			
Home address:	Home address:			
Tel(Home): (Work): (Cell): Email:	Tel(Home): (Work): (Cell): Email:			
<u>Siblings</u>	1	2	3	4
Name				
Age				
School				
Family References: Parents are: married..... living together.....widowed..... Divorced.....separated.....other (Please describe).....				
With whom does the child live now?				

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ADMISSION FORM – PLAY SCHOOL (cont'd)

<u>Stage of Development</u>	Yes	No	Please Explain
Toilet Trained			
Feed Self			
Communication Skills (Able to talk)			
<u>Medical History</u>	Yes	No	Please Explain
Vision Problems			
Hearing Problems			
Speech Defects			
Physical Disabilities			
<p>Please note any medical problems, allergies and the status of immunizations: <i>(Please attach copies of immunization records)</i></p>			
<p><u>Any Other Relevant Information:</u></p>			
<p>The person who will usually be picking up my child from school is:</p>			
Name:		Tel:	
<p>The person to contact in case of an emergency is: <i>(If other than parents please include telephone number)</i></p>			
Name of child's doctor:		Tel:	

I declare that the above information is true and accept that the school will not consider this application if any of the information above is false.

Name

Signature

Date