



Motto: In God We Trust

DESTINY HILLS INTERNATIONAL SCHOOL

No. 40 Akpan Eno Street, Abak, Akwa Ibom State, Nigeria

07038793060, 08069441055, 08089586933

mails@destinyhillsinternationalschool.com.ng

APPLICATION FORM

To be completed and returned to the principal for the academic session 20____ / 20____

This form does not guarantee admission.

Application for places in destiny hills high school made by individuals who are neither father nor mother of the child, must delete the word parent and insert their own status in regard to that child (or children) e.g uncle, cousin.

This form must be accompanied by:

1. Two passport photographs of the child
2. Original (for sighting only) and photocopy of the child's birth certificate
3. Parent's passport photograph
4. Most recent report from previous school
5. Original (for sighting only) and photocopy of immunization records

Name of Parent/Guardian

Mr./Mrs./Ms. _____

(full name in capitals letters please)

I have read, understand and agree to the conditions set out in Home/School Agreement and wish to enrol my child

_____ Male/Female

(surname first)

Whose date of birth is _____

State of Origin: _____

Name/Address of Previous School: _____

Nationality of Father: _____

Nationality of Mother: _____

Parent/Guardian's Signature: _____

Father's Occupation: _____

Mother's Occupation: _____

Phone Numbers: Father _____ Mother _____

Home: _____

Office: _____

Email: _____

ILLNESS AND ACCIDENT INDEMNITY

Child's Name: _____

Age: _____ School Year: _____ to _____

In the event that your child becomes seriously ill or injured while at school, the school will take actions as outlined below:

1. Appropriate first aid will be administered immediately when the situation calls for it.
2. In extreme emergencies, your child will be taken immediately to the school's designated hospital emergency room by ambulance or private vehicle and you will be contacted and advised of the situation. In most cases, however, efforts will be made to contact you first and to seek your advice concerning the action to be taken by the school.
3. In the event that you cannot be located or in extreme emergencies, the school will decide whether immediate medical treatment is needed and will act accordingly.

In order to assure that proper medical treatment can be obtained under the conditions described in number 3 above, we request that you complete the portion below, giving the school permission to obtain medical treatment for your child, verifying that you will accept the financial responsibility for payment of any ambulance, hospital and/or physicians' bill and charges.

I, the undersigned, give permission to Destiny Hills High School, its teachers, staff or persons working in its behalf, to act in my absence in emergency situations to obtain medical treatment for my child.

I agree to accept full responsibility for the payment for all ambulance, hospital and physicians' bills and charges for any services rendered.

Parent's Signature

Father: _____

Mother: _____

Date: _____

Full residential address in Nigeria: _____

Who does the child live with? _____

HEALTH RECORD (Strictly confidential)

Has he/she suffered from any of the following ILLNESSES? Please tick and include dates

Measles _____ Chicken pox _____ Whooping cough _____

Rubella _____ Typhoid _____

Has he/she been admitted in the hospital for any illness? If yes, state year of admission, kind of illness and duration of admission:

Has he/she ever undergone any surgical operation? If yes, state type and year of operation and attach surgical report.

Please tick below if your child suffers from the following ailments:

Respiratory infection? Yes ___ No ___ Ear, nose or throat problem? Yes ___ No ___

Eye problem? Yes ___ No ___ Any other infirmity or allergy? Yes ___ No ___

Why do you choose to enroll your child/children in Destiny Hills High School?

REFERRAL RECORD:

How did you hear about us?

Social Media: Facebook ☐ Instagram ☐ Twitter ☐ Website ☐ Google ☐ Others ☐

Parents: _____

(Please provide the name of parent who referred you)

Staff: _____

(Please provide the name of the staff who referred you)

Alumni: _____

(Please provide the name of the alumni who referred you)

Other referral not mentioned above: *(Specify)* _____

ILLNESS AND ACCIDENT INDEMNITY *(PARENT'S COPY - To be detached)*

Child's Name: _____

Age: _____ School Year: _____ to _____

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Parent's Signature

Father: _____

Mother: _____

Date: _____



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PROSPECTUS FOR SECONDARY SCHOOL

1. Black Shoes with Lid or Lace
 2. White Canvas
 3. White Socks
 4. Dictionary
 5. Church Hymnary
 6. Mathematical Set
 7. Drawing Book
 8. Handkerchief
 9. School Bag
 10. Blue Pen
 11. Scientific Calculator
 12. Exercise Book (60/80 Leaves)
 13. Bow tie
 14. School Belt
- } Purchase from the
uniform unit