



SANCTUM STARTUP COLLEGE

DAY & BOARDING

APPLICATION FORM

Please complete this form using block capitals and black ink

Affix Passport

SECTION 1 YOUR CHILD'S INFORMATION

Surname/Family Name

Forename(s)

Preferred Name

Date of Birth

Nationality

Religion (if applicable)

First Language

Second Language (if any)

Third Language (if any)

What language(s) are spoken at home?

Proposed year group of entry: **JSS 1**

Proposed date of entry to school (term and year)

We would hope that you have discussed your intent to apply to Sanctum Start up College with your child's current Head Teacher and completion of this form will be taken to imply consent for Sanctum Startup College, to contact your child's present school for report and supporting reference.

Present School/Primary

Name of Head Teacher/Manager

Address

Telephone Number

Email

SECTION 2 PARENTS INFORMATION

Mothers details

Title

Surname/Family Name

Forename(s)

Address:

Home Telephone Number

Daytime Telephone Number

Mobile Telephone Number

Email

Occupation

Fathers details

Title	Surname/Family Name		
Forename(s)			
Address:			
Home Telephone Number		Daytime Telephone Number	
Mobile Telephone Number		Email	
Occupation			

Additional person(s) with parental responsibility ***

Please provide details of any additional person(s) with parental responsibility** for your child. Please continue on a separate sheet if necessary.

Title	Surname/Family Name		
Forename(s)			
Address:			
Home Telephone Number		Daytime Telephone Number	
Mobile Telephone Number		Email	

SECTION 3 FAMILY HISTORY

Please give details of any relatives registered for entry, current students or former students at Sanctum Startup College (name, dates of birth, relationship to your daughter):

Please give details of any other family connection with Sanctum Startup College:

Please give details of any family circumstances (such as parent's separation or divorce, parental illness) of which the school should be aware so we can provide appropriate support for your child. In case of separation or divorce, please confirm with whom your child resides.

Please give details of any court orders currently in force and relating to your child:

SECTION 4**HEALTH**

Please list any mental, health, welfare or medical condition, disability, allergy or other matters, including chronic illness/conditions, that your daughter has whether short or long term (e.g. asthma, depression, hearing/visual impairment, diabetes):

SECTION 5**DECLARATION**

We request that the above-named child be registered as a prospective pupil at Sanctum Start-up College, and we have paid the non-refundable N7,500 application fee. We understand that:

1. Registration of our child as a prospective pupil does not secure our child a place at the school but does ensure that our child will be considered for selection as a pupil of the school.
2. The school may not process data about our child, including sensitive personal data such as medical details for the purpose of administering its list of prospective pupils and administering its selection procedures and we consent to the process of our child's personal data (including sensitive personal data) for these purposes.
3. In the event that our child is offered a place at the school, such an offer will be subject to the school's terms and conditions for the provision of educational services, which will bind us in the event that we accept the place.

This application should be signed by both parents. Please indicate the reason if only one parent is signing the form

Mother's Signature

Father's Signature

Date

Date

SECTION 6**APPLICATION FEE**

Please tick as appropriate:

The application fee of N7,500, has been sent to Sanctum Startup College by Electronic transfer

The application fee of N7,500, payable to Sanctum Startup College by cash

Account Number: **2076826031**

Account Name: **Olawoyin Awosika School Innovative Studies**

Bank: **FCMB - First City Monument Bank**

Please ensure that your child's name quoted as the reference so that the payment may be matched to her application.

Please return this form to: Admission office, Sanctum Start up college, plot 10 Peace Avenue Oshorun Heritage Estate Isheri North Lagos.
Please note: You are kindly requested to inform us any changes to details given in this form, particularly address and telephone numbers.
You may wish to keep a copy for your records.



 Plot 10, Peace Avenue,
Oshorun Heritage Estate,
Isheri North, off Channels TV Ave.,
Opic, Lagos State.

 09036890467, 0810 916 6652
 schooloffice@startupcollege.com.ng

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