



LEKKI BRITISH JUNIOR SCHOOL
APPLICATION FORM

Name : (Child's name) _____ (Boy/Girl) Date of Birth _____

(Please Print Clearly)
Parent's Names: Mother _____ Father _____

Home Address	Telephone (Home):	
	Mother (Work):	
	Mother (Mobile):	
	Father (Work):	
	Father (Mobile):	

First Language: _____ Religion: _____
(please specify language spoken at home) (e.g Christian, Muslim, Jewish etc.)

Profession: Father: _____ Mother: _____

Previous School: (If applicable please specify the last school attended)
Name & Address: _____

Telephone Number: _____

I would like my son/daughter to join Lekki British Junior School the term beginning:
Month: _____ Year: _____

I enclose a non-refundable application fee of £50 per child.
N.B **BOTH PARENTS MUST SIGN**
Signed: Father: _____ Mother: _____

Please name any siblings already attending LBIHS:

Thank you for completing this application form. Please return it together with the application fee, two passport photographs, copy of birth certificate or passport to:-

The Headmaster The Administrative Secretaries:
Mr. C. P. Barberi or Miss Daisey or Miss Emmanuella

Lekki British Junior School
Olubunmi Owa Street
Off Admiralty Way
Lekki phase 1, Lagos

Telephone: (01) 7739364
Fax: (01) 2708089
e-mail: lbjs@lekkibritishhigh.com
Website: www.lekkibritishhigh.com



LEKKI BRITISH JUNIOR SCHOOL
Medical/Indemnity Form

Name of Child: _____

Date of Birth: _____

Father's Name: _____

Home Address: _____ Tel: _____

Work Address: _____ Tel: _____

Mobile Tel: _____

Mother's Name: _____

Home Address: _____ Tel: _____

Work Address: _____ Tel: _____

Mobile Tel: _____

Guardian's Name: _____

Home Address: _____ Tel: _____

Work Address: _____ Tel: _____

Mobile Tel: _____

Family Physician: _____

Address: _____ Tel: _____

Any Allergies: _____

Any medical conditions e.g. Asthmatic, Sickler:

If yes, please Specify: _____

Any Medication: _____

Your signature is our authorization to call on your physician in case of emergency. If we cannot reach your physician, we shall use any other hospital or surgery deemed suitable by the school and you shall be liable to pay the fees.

Parent Signature: _____ Date: _____