

RAINBOW

Learning today



COLLEGE

Leading tomorrow

ADMISSIONS FORM

Date:

Form Number:

Day School: 51, Johnson Street, off Bode Thomas Street, Surulere Lagos.

Boarding School: Rainbow College Boulevard, KM 39, Lagos-Ibadan
Expressway, Aseese, Maba, Ogun State.

Telephones: 0818049228, 08171863470, 08058364077

Email: admissions@rainbowcollege.org

Website: www.rainbowcollege.org



Admission into:

School Rainbow College Boarding
 Rainbow College Day

Class

CANDIDATE

SURNAME

FIRST NAME

OTHER NAMES

GENDER MALE FEMALE DATE OF BIRTH

NATIONALITY STATE OF ORIGIN (IF NIGERIAN)

RELIGION ETHNICITY

FIRST LANGUAGE OTHER LANGUAGES

PREVIOUS SCHOOLS ATTENDED

1. NAME *(Present School)* YEAR
 ADDRESS

2. NAME YEAR
 ADDRESS

3. NAME YEAR
 ADDRESS

AWARDS WON SO FAR IN SPORTS, ARTS OR ACADEMICS

HOBBIES

FAMILY INFORMATION

NATURE OF FAMILY *(please tick)*

SINGLE PARENT MONOGAMOUS DIVORCED SEPARATED POLYGAMOUS

NUMBER OF CHILDREN

FATHER

NAME DATE OF BIRTH

OCCUPATION NATIONALITY

COMPANY NAME AND ADDRESS

DESIGNATION

TELEPHONE

RESIDENTIAL ADDRESS

TELEPHONES

PREFERRED EMAIL

PREFERRED PHONE NUMBER FOR SMS

MOTHER

NAME DATE OF BIRTH

OCCUPATION NATIONALITY

COMPANY NAME AND ADDRESS

DESIGNATION

TELEPHONE

RESIDENTIAL ADDRESS:

TELEPHONES

PREFERRED EMAIL

PREFERRED PHONE NUMBER FOR SMS

GUARDIAN

NAME Relationship to Student

RESIDENTIAL ADDRESS

TELEPHONES

PREFERRED EMAIL

PREFERRED PHONE NUMBER FOR SMS

EMERGENCY CONTACT NAME TEL

SIBLINGS

Name	Schools attended	Age
1		
2		
3		
4		

HEALTH/MEDICAL HISTORY

BLOOD GROUP GENOTYPE

ANY KNOWN DISABILITIES? YES NO

HEARING: ANY HEARING AIDES YES NO

VISION: USE OF SPECTACLE OR CORRECTIVE LENSES YES NO

ALLERGIES

OTHERS (Please specify)

SPECIAL INSTRUCTIONS FOR MEDICAL CARE

MISCELLANEOUS

HOW DID YOU HEAR ABOUT RAINBOW COLLEGE?

Newspaper website social Media Other (please specify)

Word of mouth/Referral (please state name and contact)

DECLARATION

I, parent/guardian of declare that the information provided in this application are correct to my knowledge and if found otherwise, shall abide by the decision of the management of Rainbow College. I understand that the purchase of this admissions form is non-refundable and that Rainbow College reserves the right to determine the appropriate year placement for my child/ward.

I agree to abide by the rules, regulations and the fee structure of the school.

SIGNATURE DATE

ENCLOSURES (All documents are mandatory at the time of admission)

- BIRTH CERTIFICATE
- TRANSFER CERTIFICATE OR TRANSCRIPT
- VACCINATION CARD COPIES
- MEDICAL REPORT
- PASSPORT SIZE PHOTOS OF CHILD (2 Copies)

Note: Please staple all documents to the application form