



HADID DYNAMICS COLLEGE

PLOT 3/5 ROAD G ORERE ABOSAN ESTATE IBOGBO IKORODU LAGOS

www.hadiddynamicsschools.com

Email: hadiddynamicsschools@yahoo.com

Tel: 08033777161, 08058518922, 08020308787

APPLICATION FORM

Please print or type clearly and provide the most complete information possible

Please attach one
passport photo of
the candidate

Admission Information

Application Date	Last Grade Attended	Applying for Grade	For School Year	Entrance Date
------------------	---------------------	--------------------	-----------------	---------------

Student Information

Last Name	First Name	Middle Name	Local Govt. Area	
Birth Date	Gender M F	Current Age Year Month	Citizenship	State of Origin
Home Address				Phone Number

Information Father/Guardian

Title: Mr/Dr/Chief	Last Name	First Name	If Guardian relationship to student:	Nationality
Office Phone	Mobile Number		Email:	
Employer's/Company's Name:			Position	
Employer's Address:				
Employer's Phone		Office Email:		

Information Mother/Guardian

Title: Mrs/Dr/Chief	Last Name	First Name	If Guardian relationship to student:	Nationality
Office Phone	Mobile Number		Email:	
Employer's/Company's Name:			Position	

Employer's Address:	
Employer's Phone	Office Email:

Sibling Information

Sibling First and Last Name	Grade	Birth Date Day Month Year	Gender M F <input type="checkbox"/> <input type="checkbox"/>
Sibling First and Last Name	Grade	Birth Date Day Month Year	Gender M F <input type="checkbox"/> <input type="checkbox"/>
Sibling First and Last Name	Grade	Birth Date Day Month Year	Gender M F <input type="checkbox"/> <input type="checkbox"/>

Educational Background

Current or Last School Attended	School Address	Phone
Contact Person and Title	Email Address	Web Address
Grades Attended	Dates Attended From (Day/Month/Year)	Dates Attended To (Day/Month/Year)

Additional Emergency Contacts - will be called FIRST

Emergency Contact Name	Relationship	Office Phone	Mobile Phone
Emergency Contact Name	Relationship	Office Phone	Mobile Phone
Emergency Contact Name	Relationship	Office Phone	Mobile Phone

Tuition and School the Fees

Does the parent pay Tuition Fees? YES NO

Send All invoices to _____

Full Address _____

Tel: _____ Email _____

Application Statement

Hadid Dynamics Schools reserves the right to refuse admission to any student who was dismissed from another school for academic, disciplinary, or other reasons. Any student/parent failing to reveal such a record at the time of enrollment may be subjected to expulsion when the Superintendent learns of the omission. A student expelled based on the above is not entitled to a refund of the tuition fee.

I hereby make an application for admission of the student to the Hadid Dynamics College Igbogbo Lagos in accordance with the terms, rules and regulations of the school. I understand there will be an admission assessment prior to grade placement.

I understand all disclosure to Hadid Dynamics Schools Igbogbo, Lagos is based on a complete review of the student's records. Assessment may be necessary during my child's enrollment at HDC and my signature below gives the school permission to conduct an appropriate assessment and that I will be informed in advance.

In the consideration of the acceptance by Hadid Dynamics College Igbogbo Lagos of the student named above, I agree to be responsible for all charges including incidental expenses. I understand that enrollment is for a full school year, that all tuition is to be paid according to invoice instructions and timeline and that no exemption, deduction, or rebate from tuition charges will be made in any case of temporary absence, dismissal, or withdrawal after the first day of school unless withdrawal becomes necessary for a reason beyond my control such as transfer or prolonged illness. I recognised that the privilege may also be denied for any other reason sufficient by the authorities of the school, in accordance with its published regulations. Should the school find it necessary to close at any time during the school year due to reasons beyond its control. I understand that fees paid to the school will not be refunded.

Signature_____

Date_____

For Office use only

Date	Assessment Date	Age Appropriate Grade Level	Admission
Admission Note			Student Start Date