THE PERON INT'L ACADEMY

Registration Form — Part A: Pupil & Parent Information

A

SCHOOL DETAILS

SCHOOL MOBILE	WEBSITE	STATE	L.G.A	TOWN
08171171414	https://g.co/kgs/jev9q7R	F.C.T, Abuja	AMAC	Karu

PUPIL'S INFORMATION

Legal name exactly as it appears on the birth certificate.

LAST NAME (SURNAME) _____ FIRST NAME _____ MIDDLE NAME _____

LAST NAME GOES BY _____ NICKNAME _____

GENDER ☐ Male ☐ Female

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

STATE OF ORIGIN _____ TOWN _____ L.G.A _____

PHONE (REQUIRED — FOR ATTENDANCE AND AUTOMATED MESSAGES) _____

☐ Cell ☐ Home ☐ Work ☐ Check if unlisted

BIRTHDATE _____ BIRTHPLACE (CITY, STATE) _____

CUSTODY ISSUES ☐ Yes ☐ No

If yes — provide court documents to the school office.

NATIONALITY, ETHNICITY & LANGUAGE

NATIONALITY ☐ Nigerian ☐ Non-Nigerian

OR SPECIFY _____

ETHNICITY (NIGERIAN) ☐ Hausa ☐ Igbo ☐ Yoruba

NON-NIGERIAN ☐ American ☐ Black/African ☐ Pacific Islander ☐ Asian ☐ White ☐ Other

PRIMARY LANGUAGE USED IN THE HOME _____ LANGUAGE MOST OFTEN SPOKEN BY THE PUPIL _____

LANGUAGE THE PUPIL FIRST ACQUIRED _____ PREFERRED LANGUAGE FOR MESSAGES/MAILINGS _____

ENROLLING PARENT — LIVING AT PUPIL'S ADDRESS

CONTACT THIS PERSON ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th GENDER ☐ Male ☐ Female

RELATIONSHIP ☐ Parent ☐ Stepparent ☐ Grandparent ☐ Foster parent ☐ Legal guardian ☐ Other

OTHER (SPECIFY) _____

NAME _____ OCCUPATION _____

ADDRESS _____ ☐ Same as pupil

PHONE _____ ☐ Cell ☐ Home ☐ Work ALTERNATE PHONE _____ ☐ Cell ☐ Home ☐ Work

PREFERRED EMAIL ADDRESS _____

See "Enrolling parent definition" in Part B.

THE PERON INT'L ACADEMY

Registration Form — Part B: Other Parents & Emergency

B

PARENT LIVING AT PUPIL'S ADDRESS

CONTACT THIS PERSON ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th GENDER ☐ Male ☐ Female

RELATIONSHIP ☐ Parent ☐ Stepparent ☐ Grandparent ☐ Foster parent ☐ Legal guardian ☐ Other

OTHER (SPECIFY)

NAME

OCCUPATION

ADDRESS

☐ Same as pupil

PHONE ☐ Cell ☐ Home ☐ Work

ALTERNATE PHONE ☐ Cell ☐ Home ☐ Work

PREFERRED EMAIL ADDRESS

PARENT LIVING AT AN ALTERNATE ADDRESS

CONTACT THIS PERSON ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th GENDER ☐ Male ☐ Female

RELATIONSHIP ☐ Parent ☐ Stepparent ☐ Grandparent ☐ Foster parent ☐ Legal guardian ☐ Other

OTHER (SPECIFY)

NAME

OCCUPATION

ADDRESS

☐ Same as pupil

PHONE ☐ Cell ☐ Home ☐ Work

ALTERNATE PHONE ☐ Cell ☐ Home ☐ Work

PREFERRED EMAIL ADDRESS

PARENT LIVING AT AN ALTERNATE ADDRESS

CONTACT THIS PERSON ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th GENDER ☐ Male ☐ Female

RELATIONSHIP ☐ Parent ☐ Stepparent ☐ Grandparent ☐ Foster parent ☐ Legal guardian ☐ Other

OTHER (SPECIFY)

NAME

OCCUPATION

ADDRESS

☐ Same as pupil

PHONE ☐ Cell ☐ Home ☐ Work

ALTERNATE PHONE ☐ Cell ☐ Home ☐ Work

PREFERRED EMAIL ADDRESS

EMERGENCY OR PUPIL BEING SENT HOME

If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to take temporary custody of and responsibility for my child. For any non-emergency circumstance, including appointments during the school day, I understand it is my responsibility to notify the school in advance.

LOCAL FRIEND OR RELATIVE

RELATIONSHIP TO PUPIL

PHONE ☐ Cell ☐ Home ☐ Work

EXTENSION

ALTERNATE PHONE

☐ Cell ☐ Home ☐ Work

EXTENSION

LOCAL FRIEND OR RELATIVE

RELATIONSHIP TO PUPIL

PHONE ☐ Cell ☐ Home ☐ Work

EXTENSION

ALTERNATE PHONE

☐ Cell ☐ Home ☐ Work

EXTENSION

LOCAL FRIEND OR RELATIVE

RELATIONSHIP TO PUPIL

PHONE ☐ Cell ☐ Home ☐ Work

EXTENSION

ALTERNATE PHONE

☐ Cell ☐ Home ☐ Work

EXTENSION

PHYSICIAN

PHONE

HOSPITAL PREFERENCE

THE PERON INT'L ACADEMY

Registration Form — Part C: Health & School Policies

C

PUPIL HEALTH CONDITIONS

☐ Heart ☐ Asthma ☐ Diabetes ☐ Hearing ☐ Allergies

SPECIFY HEALTH PROBLEMS OR ANY SEVERE ALLERGIES

SPECIFY

IS YOUR CHILD ON DAILY MEDICATION? ☐ Yes ☐ No

DO YOU AUTHORIZE THE SCHOOL MANAGEMENT TO GIVE YOUR CHILD ACETAMINOPHEN (NON-ASPIRIN SUBSTITUTE, I.E. PARACETAMOL) / IMMUNIZATION?

☐ Yes ☐ No

RECENT SURGERY, ACCIDENT OR SERIOUS ILLNESS (PAST YEAR)

- I understand The Peron Int'l Academy only provides first aid coverage for pupils for injuries or illnesses occurring at school.
- I understand I am financially responsible for any medical, dental, ambulance or other health care expenses, or transportation of my child home, which might occur as a result of such illness or injury.
- I understand I will keep and treat my child(ren) when sick until full recovery, before sending them to school. We are teachers and not doctors. We shall assume that every pupil in school is absolutely healthy and sound.

ENROLLING PARENT DEFINITION

The enrolling parent is ordinarily the natural parent, adoptive parent or legal guardian with whom the pupil lives most of the school week and who signs school registration forms. In the event of an emergency, school management will attempt to contact the enrolling parent first, unless a different order is indicated. If the enrolling parent cannot be reached, school management will then call the other parents/guardians listed, then the individuals listed as emergency contacts.

ATTENDANCE, TRUANCY, LATE PICK-UP & TUITION

We count on parents to ensure that children attend school and arrive on time. Pupils who are habitual late comers are very likely not to be familiar with the National Anthem and Pledge, more so the name of the school.

Truancy. Pupils are habitually truant if they have five or more unexcused absences. They are excessively absent if they have 18 or more excused or unexcused absences.

Late pick-up fine. Our responsibility as a school in taking care of your child ends the moment school closes: 1:30pm – 2:00pm for nursery and primary respectively for those not enrolled for extra lesson, and 3:00pm for those enrolled for lesson. We expect every parent to be at the school gate 5 minutes before closing time or pay a fine of 500 Naira within the first 30 minutes of lateness, and 1,000 Naira for every subsequent hour. Failure to comply with the lateness fine for a week will be met with a letter of suspension until full compliance.

Tuition payment. All fees pertaining to your ward(s) are to be paid in full on or before every first day of school. A grace period of 2 weeks (14 days, weekends inclusive) is also within the parents' purview to pay all fees. We respectfully ask that any pupil whose financial obligation has not been met after the grace period has elapsed should be kept at home.

We also want to remind everyone that the noble road to attaining greatness is full of unexpected bumps and potholes. In our effort to inspire greatness, we correct pupils at all times, especially kids at the entry level. Kids by default understand parental bias even when they don't have enough words yet to explain it. Whatever corrective measure is meted out is borne out of **LOVE** and not otherwise.

DATE

☐ I have read and understood these policies

PARENT/GUARDIAN SIGNATURE

THE PERON INT'L ACADEMY

Registration Form — Part D: Child Pick-up Authorization

D

PUPIL

PUPIL'S NAME

PUPIL'S PASSPORT

AUTHORIZED PERSONS

PASSPORT 1	PASSPORT 2	PASSPORT 3	PASSPORT 4
NAME	NAME	NAME	NAME
PHONE NO.	PHONE NO.	PHONE NO.	PHONE NO.

I, the above-named parent, hereby authorize the above-named persons whose photographs are here attached to pick up my ward(s) after school at The Peron International Academy. I absolutely indemnify the school and its management from any outcome after school so long as my ward(s) are handed over to any person whose photograph is here attached.

By this token, the school asserts that no parent shall initiate pick-up by mere phone call. The onus lies on the parent/guardian to verify that the authorized person(s) is/are available to pick up their ward(s) after school. If not, the passport of the newly authorized person(s) should be made available to the school before the end of the previous day, or only the parent will come in person for their ward(s).

☐ Tick if your ward(s) is/are authorized to leave the school premises after school without company

DATE

ENROLLING PARENT SIGNATURE

THE PERON INT'L ACADEMY

Registration Form — Part E: School History & Declaration

E

PREVIOUS SCHOOLS ATTENDED

LAST SCHOOL ATTENDED _____ ADDRESS _____ DATES _____

TYPE ☐ Public ☐ Private ☐ Charter ☐ Alternative ☐ Correctional facility ☐ Other OTHER (SPECIFY) _____

EVER ATTENDED THE PERON INT'L ACADEMY? ☐ Yes ☐ No IF YES, GRADE(S) AND YEAR(S) _____

SPECIAL CLASSES & ACCOMMODATIONS

EVER PARTICIPATED IN SPECIAL CLASSES OR PROGRAMS? ☐ Yes ☐ No

☐ SEI/English Language Development ☐ Band ☐ Strings ☐ Speech therapy

☐ Extended Learning Program (ELP)/Gifted/Accelerated

SPECIAL EDUCATION ☐ ED ☐ Autism ☐ SLD ☐ MIID ☐ Computer class ☐ MOID ☐ SID ☐ OT ☐ SLI ☐ Other

OTHER (SPECIFY) _____

DOES THIS PUPIL HAVE A BANK ACCOUNT? ☐ Yes ☐ No NATIONAL IDENTITY CARD? ☐ Yes ☐ No IF YES, NIN _____

BLOOD GROUP ☐ A ☐ B ☐ AB ☐ O GENOTYPE ☐ AA ☐ AS ☐ SS

SUSPENSION / EXPULSION & DISCIPLINE

EVER BEEN SUSPENDED? ☐ Yes ☐ No DATE _____

EVER BEEN EXPELLED? ☐ Yes ☐ No DATE _____

HAS EITHER ACTION EVER BEEN RECOMMENDED? ☐ Yes ☐ No DATE _____

DATES OF SUSPENSION/EXPULSION _____ FROM WHICH SCHOOL? _____

LENGTH ☐ 1-5 days ☐ 6-10 days ☐ More than 10 days SPECIFY _____

REASON FOR SUSPENSION/EXPULSION

EVER ATTENDED SCHOOL AT A CORRECTIONAL FACILITY (JUVENILE DETENTION)? ☐ Yes ☐ No

OTHER

A DOZEN PENCILS ☐ Yes ☐ No THUMB-SIZED ERASER ☐ Yes ☐ No 12-COLOUR BIG CRAYON ☐ Yes ☐ No

DATE _____

TRANSPORTATION TO AND FROM SCHOOL ☐ Bus ☐ Walking ☐ Parent will transport ☐ School van ☐ Other

OTHER (SPECIFY) _____

INFORMATION ABOUT THE FREE OR REDUCED-PRICE LUNCH PROGRAMME? ☐ Yes ☐ No

DECLARATION

I affirm all registration and emergency information on this form is accurate, I understand it is my responsibility to notify the school in writing of any changes, and I have read and understood the information provided to me in this registration form.

I (THE PARENT/GUARDIAN) AFFIRM THAT I AM AN ABUJA RESIDENT ☐ Yes ☐ No

PARENT/GUARDIAN NAME _____ DATE _____

SIGNATURE OF ENROLLING PARENT

THE PERON INT'L ACADEMY

Registration Form — Part F: Office Use Only

F

OFFICE USE ONLY

PUPIL ID #

OPEN ENROLLMENT ☐ Yes ☐ No

DOCUMENTS RECEIVED ☐ Birth certificate ☐ Proof of address ☐ Immunizations ☐ Custody documents ☐ Attendance ☐ Transfer grades ☐ Folder ☐ Health card ☐ Screen ☐ Statement of awareness ☐ Tested

TESTED — MATH

TESTED — READING

RECORDS REQUESTED

OTHER

RECORDS RECEIVED

OTHER

ENROLLMENT DATE

ENROLLMENT CODE

DATE ENTERED ON COMPUTER

INITIALS

REMARKS

RECEIVED BY (SCHOOL OFFICIAL)