



TOPHILL SCHOOLS

(NURSERY, PRIMARY & SECONDARY)

Accra Street, Zone 5, Wuse, Abuja.

07054051255(DAY TIME ONLY)

E-mail: mytophillschools@gmail.com website: www.tophillschools.com

TSAF No. 2021/2022

TSAF/0001

PHOTOGRAPH

Affix two recent
stamp size
colour photograph

FILLING INSTRUCTION

1. Use only black ball point pen for filling the admission form..
2. Do not damage by erasing this sheet.
3. All entries to be made in English
4. Do not staple photograph with this form. Paste photograph in proper place

EXAMPLE OF SHADING

Correct Shading



2. NAME OF CANDIDATE (WRITE FULL NAME IN BLOCK LETTERS)

FIRST NAME

MIDDLE NAME

LAST NAME

3. DATE OF BIRTH

DATE MONTH YEAR

PLACE OF BIRTH

4. NATIONALITY

NIGERIAN ☐ FOREIGN ☐

State of Domicile

5. RELIGION

6. BLOOD GROUP

7. GENOTYPE

8. LANGUAGE SPOKEN AT HOME

1. _____

2. _____

3. _____

9. SEX

10. CURRENT CLASS (in words)

11. CLASS APPLIED FOR (in words)

12. ACADEMIC DETAILS OF THE CANDIDATE

Name of Previous School-----

Previous Responsibility Held-----

Previous Club/Society-----

Reason for Leaving Previous School-----

13. OTHER SIBLINGS IN THE SCHOOLS (To be filled in block letters)		
Number of siblings in Tophill Schools _____		
PARENTS DETAILS		
14. NAME OF PARENTS (To be filled in block letters)		
Father's Name	Mother's Name	
_____	_____	
_____	_____	
15. PARENTS RESIDENTIAL ADDRESS (To be filled in block letters)		
Father's Address	Mother's Address	
_____	_____	
CITY _____	CITY _____	
E-MAIL ID _____	E-MAIL _____	
PHONE NO. _____	PHONE NO. _____	
MOBILE NO. _____	MOBILE NO. _____	
16. PARENTS OFFICE ADDRESS DETAILS (To be filled in block letters)		
Father's Office Address	Mother's Office Address	
PROFESSION _____	PROFESSION _____	
OFFICE _____	OFFICE _____	
DESIGNATION _____	DESIGNATION _____	
ADDRESS _____	ADDRESS _____	
CITY _____	CITY _____	
PHONE NO. _____	PHONE NO. _____	
17. NATIONALITY		
Father	Mother	
NIGERIA <input type="radio"/> FOREIGN <input type="radio"/>	NIGERIA <input type="radio"/> FOREIGN <input type="radio"/>	
_____	_____	
State of Domicile	State of Domicile	
18. EMERGENCY		
FAMILY DOCTOR PHONE NO. _____		
Incase of severe health challenge, kindly inform the school management which of the Federal Government Approved hospital your child should be taken _____		
NOTE: THE SCHOOL RUNS A CLINIC FOR PUPILS, STUDENTS & STAFF AND HAS A VISITING MEDICAL DOCTOR AND A QUALIFIED NURSE		
19. MEDICAL HISTORY OF THE CANDIDATE		
Has your Child suffered from any major illness? _____		
If yes, please specify nature of illness _____		
To achieve the set objectives of the school, students & pupils are to uphold the school rules & regulations and participate in all the school's programs and events		
DECLARATION		
I/We hereby certify that the information given in this registration form is accurate. We understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion. We do hereby consent to abide by the school rules. If in spite of normal precautions taken by the school, any mishap, accident or injury occurs during the period of my ward's stay in the school, or while coming from home to the school and back in the school bus, or during educational tour, excursions or camps ,I will be held responsible for it.		
_____ Signature of Father/Guardian Date:	_____ Signature of Mother/Guardian Date:	
Your child/ward is expected to bring the following documents; Birth Certificate, School Progress Report and Transfer Certificate.		
FOR OFFICE USE ONLY		
I.D No. _____	Date of Admission _____/_____/_____	
Admitted Class _____	DD MM	
_____	_____	_____
Bus Route	Bus Picking Point	Bus Drop Point