

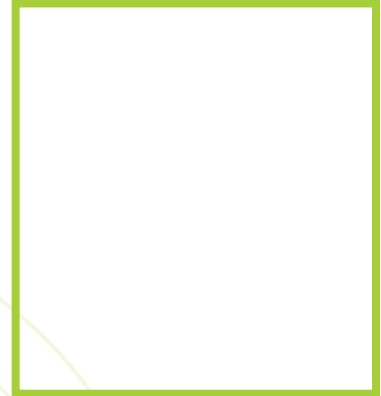


FOUNTAIN OF JOY & COMFORT FOUNDATION

Motto: ...Bringing joy to humanity

BRILLIANT INDIGENT PUPILS' SCHOLARSHIPS (BIPS)

APPLICATION FORM



Student's Name _____
 (Surname) (First Name) (Middle Name)

Date of Birth _____ Gender _____ Nationality _____
 Male Female
 (DD/MM/YYYY)

Last School Attended

Name of School	From	To

Intended Class _____

Previous Class _____

Siblings Applying to Margaret Lawrence University?

Name	Date of Birth	Class

Father's Details

Title

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(Surname)

(Names)

Residential Address _____

Occupation _____

Employer's Address _____

Email Address _____

Telephone Numbers: 1 _____ 2. _____

Mother's Details

Title

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(Surname)

(Names)

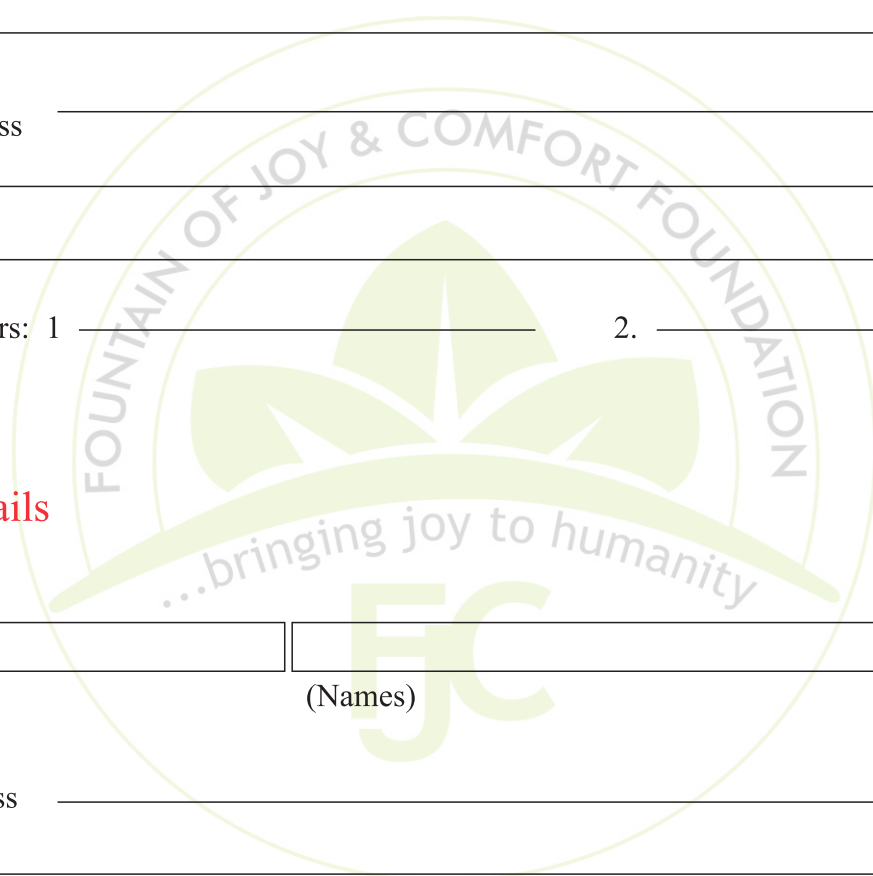
Residential Address _____

Occupation _____

Employer's Address _____

Email Address _____

Telephone Numbers: 1 _____ 2. _____



STUDENT INFORMATION FORM

EMERGENCY CONTACT

In case we are unable to contact you, please list two local emergency contacts.

	1.	2.
Name		
Daytime telephone		
Relationship with Student (e.g Aunt, Nanny etc)		

STUDENT MEDICAL INFORMATION

Please indicate below if there are health issues we should be aware of; if necessary, a letter explaining the situation should be sent to the school for record purposes:

Asthma / Sickle Cell Anaemia HIV Epilepsy others (Please Indicate)

Any peculiar First Aid worth of Note?

Does your Child have a personal doctor or family doctor?

Yes

No

If yes, please specify

Doctor's Contact Information (If yes)

Name:

Address:

Telephone:

Blood Group

Genotype

Any Allergy(ies) Yes

No

If Yes, Please specify to what drugs of food

Have you completed your Vaccination? (Attach evidence) Yes No

Does this student have any learning disability? If yes, Please indicate _____

NOTE: Please do not withhold any medical information that is very vital to the health of your ward and ensure that every information provided is correct

When a student is sick or has sustained injuries, he/she will be attended to by the school doctor/nurses but if the parents prefer otherwise please provide alternative written instruction and attach to this document.



FOUNTAIN OF JOY & COMFORT FOUNDATION

PARENT'S REPRESENTATIVE INFORMATION

Name	
Daytime Telephone	

PARENT'S
REPRESENTATIVE
PASSPORT

CONSENT ON THE USE OF PERSONAL DATA

please indicate:

I give my consent I do not give my consent that photographs / videos of my child are used for publicity purposes.

ANY ADDITIONAL INFORMATION

ACCEPTABLE GENDER STANDARDS

***All our parents & students can only be addressed as He/His and She/Her, respectively.**

APPLICATION REQUIREMENTS

- LGA of Origin Certificate
- 2 Passport photos
- Birth Certificate
- 1st, 2nd and 3rd Term Results for the present class (Primary 6)
- Headmaster / Headmistress's Letter of Recommendation

All completed Forms should be returned to the LGA Basic and Secondary Education office.

**How did you hear about Fountain of Joy & Comfort Foundation Scholarships?
(website, social media, Electronic / Print media, Family & Friends, place of worship)**

Name of Parent / Guardian _____

Signed _____

Date _____

FOR OFFICE USE ONLY

Session

Admission No.

Principal's Remark _____

Class Admitted into _____

Date of Admission

Sign: _____
Principal