



APPLICATION FORM

(FULLY RESIDENTIAL)

Personal Information:

Surname:			
Other Names			
Date of birth		Age	
Sex		Year Group:	
Name of School			

Parents Details

Father's Name			
Telephone:		Email	
Home Address:			
Office Address:			
Mother's Name			
Telephone:		Email	
Home Address:			
Office Address:			
Emergency Contact Person:			
Telephone		Email	

Medical Details

Known Medical Problems or Allergies:	
Doctor's Details (Name, Telephone and Email)	
Additional information you would like to provide:	

Camp Date/Duration: Monday 8th - Friday 19th July 2019

Age Group: 9 – 14 years

Camp hours: 9:00am -4:00pm

Camp cost: **N270,000.00** per student (2 Weeks)
Payment due two weeks prior to start date

Drop off: Sunday 7th July 2019 from 12noon

Pick up: Friday 19th July 2019 at 2pm

Registration & health forms must be mailed in with payment two weeks prior to the start date. **Places are highly competitive, kindly book your space now.**

Registration forms and confirmation of payment should be emailed or dropped off at CIS, Plot 8 Funke Zainab Usman Street, Off Freedom Road, End of Admiralty Way, Lekki Phase 1, Lekki – Lagos. **Tel: 0903-8-48-57-68, 0906-268-4338**

Email:

Ms Ogbo Ehilebo: admissions@cislagos.org

Mr Stanley Memene: memenes@cislagos.org

Mr Michael Akinyemi: akinyemim@cislagos.org

Account Details:

Account name: Lucent Ltd (Children's International School)

Account Number: 000 301 4117

Bank: GTBank

Thank you.

Summer Camp Committee