Miraculous Children Academy

NURSERY | PRIMARY | SECONDARY

No. 25 New GRA Trans-Ekulu, Enugu, Nigeria
09029941555 | 09130582979 | info@miraculouschildrenacademy.com.ng

STUDENT APPLICATION FORM

Fields marked * are required

01 Student details

Basic information about the applicant.

First name *

Last name *

Other name

Gender *

[ ] Male [ ] Female

Applying for class *

Date of birth (DD / MM / YYYY)

Academic session

Student phone (if applicable)

Home address

Supporting documents attached

[ ] Birth certificate [ ] Previous result [ ] Other: _____

Attach copies of relevant documents. Do not submit original certificates.

Paste a recent passport photograph in this space

02 Health and wellbeing

Share any information the school should know.

Allergies or health conditions

Medication / other relevant information

03 Parent or guardian

Primary family contact details.

Parent / guardian name *

Relationship to student

Phone / WhatsApp *

Email address

Occupation

Residential address

04 Previous school

Optional background information.

Previous school

Last class completed

Year

State

LGA

Nationality

05 Parent / guardian declaration

I confirm that the information provided is true and complete to the best of my knowledge. I give permission for the school to contact me about this application.

Parent / guardian signature

Date

FOR SCHOOL OFFICE USE ONLY

Application number

Date received

Received by

Remarks

How to submit

Complete this form and contact the school before visiting or submitting documents.

Address: No. 25 New GRA Trans-Ekulu, Enugu, Nigeria

Call / WhatsApp: 09029941555 or 09130582979

Email: info@miraculouschildrenacademy.com.ng

Website: miraculouschildrenacademy.com.ng

ADMISSIONS ENQUIRY

Contact the school to confirm class availability, required documents and submission arrangements.