



JULLIARD ACADEMY

EXPLORE. DISCOVER. SPARKLE.

(DAY & BOARDING)

46, Basheer Shittu Street,
Magodo Phase II, Shangisha, Lagos.

Tel: 08088851551

Email: juilliardacademy.orglearning@gmail.com www.juilliardacademy.org

2025– 2026 ACADEMIC YEAR

APPLICATION PACK

RESPECT | INTEGRITY | GODLINESS RESPONSIBILITY | ACHIEVEMENT | INDIGENOUS CULTURE

of honour

... vessels

APPLICATION FORM

This form must be completed by a parent or legal guardian of the student applicant and returned to the school prior to the admission evaluation. A non-refundable registration fee must accompany the application when returned. This fee covers application processing and evaluation cost, and is separate from tuition costs.

AFFIX PASSPORT

All sections of this form should be filled. The academy will not be held responsible for actions taken due to ignorance of information not provided in this form.

Full legal name of student /applicant:

Prefers to be called

First name

Middle Name

Last Name

Application for Grade: _____ Date of Birth: ____/____/____ Age: _____

____ Gender: () M () F

Religion: _____ State of Origin: _____ LGA: _____

Student lives with: () Both Parents () Mother only () Father only () Legal Guardian

If other than listed above, please describe: _____

Father (or Parent / Guardian #1):

First Name

Middle Name

Last Name

Home Address:

Home Phone: _____ Cell Phone: _____

Employer: _____ Title: _____

Employer's Phone: _____

Email: _____

Mother (or Parent / Guardian #1):

First Name

Middle Name

Last Name

Home Address:

Home Phone: _____ Cell Phone: _____

Employer: _____ Title: _____

Employer's Phone: _____

Email:



SCHOOL(S) ATTENDED

FROM	TO	NAME & ADDRESS OF SCHOOL

Pertinent family history (for example, if either or both parents are deceased, if parents are separated and divorced and or re-married, etc.). Please be as specific as possible and attach additional sheets if needed:

If separated/divorced, kindly indicate if both parents have access to the student:

Please list any current Juilliard Academy student related to the applicant and the relationship:

Who referred you to Juilliard Academy?

Who is responsible for pickup?

We are a school community that seeks and serves diverse populations. We provide a wellrounded, multi-faceted, individualized education of excellence with the goal of preparing students for success in college, and indeed life.

Juilliard Academy does not discriminate on the basis of race, color, gender, age, or national origin in administration of our educational policies, admission practices, and other school administered programs.

Signature of Parent / Guardian completing application

Date signed



JULLIARD ACADEMY
(International Secondary School)

46, Basheer Shittu Street, Magodo Phase II, Lagos.

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GUARANTOR'S FORM

I guarantee that this applicant is well known to me, and will be of good conduct and behaviour during his/her stay in the school. I strongly recommend him/her for admission into your secondary school.

AFFIX PASSPORT

Name:

Surname

Other Names

Relationship with child:

Address:

Contact Numbers: (i) _____

(ii) _____

E-Mail Address: _____

Signature

Date



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EMERGENCY CONTACTS

Person(s) to be contacted in emergency:

1. Name:

Surname Other Names

Relationship with child:

Address:

Contact Numbers: (i) _____

(ii) _____

2. Name:

Surname Other Names

Relationship with child:

Address:

Contact Numbers: (i) _____

(ii) _____



MEDICAL REPORT

This form has to be completed by the Parents and returned to the school with all the required Admission documentation. A Complete medical test should be done before resumption and the report submitted to the school with all the required Admission documentation.

Please tick where appropriate:

Personal history: Has the child had any of the following?							
Polio		Whooping cough		Chicken pox		Measles	
Tonsillitis		Typhoid		Stomach Disorder		Ear disease	
Diphtheria		Epitaxial		Meningitis		Asthma	
Epilepsy		Convulsion		Dental problems		Surgery	
Eye Disease		Injuries		Irritations		Chronic Malaria	

Family History: Has any of your family members suffered from?							
T.B (Tuberculosis)		Hypertension		Epilepsy		Heart Disease	
Asthma		Mental Disease		Cancer		Diabetes	

Did your child have the following vaccinations?						
Vaccination	Tick	Date		Vaccination	Tick	Date
Small pox				Chicken pox		
Cholera				Polio		

Signature of Parents / Guardian: _____

Date: _____



MEDICAL EXAMINATION

Surname: _____

Age: _____

1.	Skull:	
2.	Eyes	
		Vision RT:
		Vision LT:
		Colour:
3.	Blood	Group: Genotype:
4.	Ears	Hearing: RT: LT:
		Ear Disease:
5.	Neck	Engorged Veins:

	Lymph Glands	
	Thyroids	
6.	Circulatory System	Heart Sound:
		Murmurs:
		BP:
7.	Chest	
8.	Abdomen	Stomach: Liver: Spleen:
9.	Hernia Orifices	
10.	Skeleton	Skeleton:
		Vertebral Column:
		Extremities:
		Joints:
11.	Defects of Speech	
12.	Body	Lab: Urine: Stools
		Height: Weight: HB
		X-Ray Chest:
13.	General Assessment	

Doctor's Signature and Stamp: _____

Date: _____

