



# ROYAL OXBRIDGE INTERNATIONAL SCHOOL PH

*Discipline · Excellence · Leadership*

Plot 14, Sani Abacha Road, GRA Phase 3, (Opp. House On The Rock Church), Port Harcourt. Rivers State. Nigeria.

AFFIX  
PASSPORT

PLEASE WRITE STUDENT'S NAME  
BEHIND PASSPORT

## MEDICAL FORM

[PLEASE COMPLETE IN BLOCK LETTERS]

FULL NAMES: .....

(SURNAME, FIRST NAME, OTHER NAME)

SEX: MALE  FEMALE

### CANDIDATE'S DETAILS:

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_\_\_ PLACE OF BIRTH: .....

GENOTYPE: ..... BLOOD GROUP: .....

ALLERGY(S): .....

### PLEASE IS YOUR CHILD

DIABETIC: YES  NO  ASHMATIC: YES  NO  ANAEMIC: YES  NO

ALLERGIC TO PAINTS/AEROSOLS: YES  NO

PLEASE, ANY OTHER DETAILS

1. ....
2. ....
3. ....

### COVID – 19 PROTOCOLS/SYMPTOMS

Are you or anyone living or close to you suffering a loss of a smell or taste? YES  NO

If yes, please give details: .....

Are you or anyone around you coughing? YES  NO

If yes, please give details: .....

Are you or anyone living or close to you having difficulty breathing or shortness of breath?

YES  NO

If yes, please give details: .....

Are you or anyone living or close to you having loss of speech or mobility? YES  NO

If yes, please give details: .....

Are you or anyone living or close to you having chest pain? YES  NO

If yes, please give details: .....

Are you or anyone living or close to you having COVID-19 symptoms different from the above?

YES  NO

If yes, please give details: .....

### PERSONAL PHYSICIAN (IF ANY)

NAME: .....

HOSPITAL/CLINIC ADDRESS: .....

PHONE NUMBER: .....

### CONTACTS IN CASE OF EMERGENCY

NAME: ..... PHONE NUMBER: .....

NAME: ..... PHONE NUMBER: .....

PARENTS'/GUARDIANS' NAMES: .....

SIGNATURE: ..... DATE: .....

### OFFICIAL USE

OFFICIAL REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





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## STUDENT'S PERSONAL DATA FORM (PLEASE COMPLETE IN BLOCK LETTERS)

### CANDIDATE'S DETAILS

FULL NAMES: .....  
(SURNAME, FIRST NAME, OTHER NAME)

SEX: MALE  FEMALE

FULL RESIDENTIAL ADDRESS: .....  
.....  
.....

### FATHER'S DETAILS

FULL NAME: .....

NATIONALITY: .....

CONTACT ADDRESS: .....

Please tick (✓) appropriate box

EMPLOYMENT: FULLTIME  PART TIME

NAME OF EMPLOYER: .....

OFFICE ADDRESS: .....

### MOTHER'S DETAILS

FULL NAME: .....

NATIONALITY: .....

CONTACT ADDRESS: .....

Please tick (✓) appropriate box

EMPLOYMENT: FULLTIME  PART TIME

NAME OF EMPLOYER: .....

OFFICE ADDRESS: .....

PLEASE IS THIS CANDIDATE LIVING WITH MOTHER  FATHER  BOTH PARENTS

NAME AND ADDRESS OF CANDIDATE'S PREVIOUS SCHOOLS (IF APPLICABLE):  
.....  
.....

REASON(S) FOR LEAVING: .....  
.....  
.....

Please from your child's previous school, kindly answer the following:

KEY	GD	SP	NI	NA
-----	----	----	----	----

**WORK HABITS**

Does his/her classwork independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in class activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help when in need of it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude to school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General assessment & exam records (Academic Performance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SOCIAL HABITS**

Team Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation in group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GD: GOOD SP: STEADY PROGRESS NI: NOT INVOLVED NA: NOT APPLICABLE

**OFFICIAL USE**

OFFICIAL REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





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## ENROLMENT FORM

[PLEASE, COMPLETE IN BLOCK LETTERS]

### CANDIDATE'S DETAILS

FULL NAMES: .....

(SURNAME, FIRST NAME, OTHER NAME)

SEX: MALE  FEMALE

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_\_\_ PLACE OF BIRTH: .....

NATIONALTY: ..... STATE OF ORIGIN: .....

LOCAL GOVT. AREA: ..... RELIGION: .....

### PREVIOUS SCHOOL(S) ATTENDED

S/N	NAME OF SCHOOL	ADDRESS	PERIOD		CLASS	REASONS FOR LEAVING
			FROM	TO		

CURRENT/LAST CLASS: .....

CLASS APPLYING: .....

### FATHER'S DETAILS

NAMES: .....

PLACE OF EMPLOYEMENT: .....

PROFESSION: .....

RESIDENTIAL ADDRESS: .....

CONTACT ADDRESS: .....

TELEPHONE NUMBER(S): .....

EMAIL ADDRESS(ES): .....

NATIONALITY: ..... STATE OF ORIGIN: .....

LOCAL GOVT. AREA: ..... RELIGION: .....

# ENROLMENT FORM

## MOTHER'S DETAILS

NAMES: .....

PLACE OF EMPLOYEMENT: .....

PROFESSION: .....

RESIDENTIAL ADDRESS: .....

CONTACT ADDRESS: .....

TELEPHONE NUMBER(S): .....

EMAIL ADDRESS(ES): .....

NATIONALITY: ..... STATE OF ORIGIN: .....

LOCAL GOVT. AREA: ..... RELIGION: .....

## NAMES AND PHONE NUMBERS TO CONTACT IN CASE OF EMERGENCY

S/N	NAME	PHONE NUMBER

PARENTS'/GUARDIANS' NAMES: .....

SIGNATURE: ..... DATE: .....

## ATTESTATION

I ..... hereby confirm that the candidate ..... is well known to me as a pupil/student of ..... and he/she is currently in  PRY  JSS  SSS .....

The information on the Enrolment Form was given by

NAME: .....

SIGNATURE: ..... DATE: .....

### OFFICIAL USE

OFFICIAL REMARKS: .....

.....

NAME: .....

DESIGNATION: ..... SIGNATURE: ..... DATE: .....





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BEHIND PASSPORT

## CONSENT FORM

[PLEASE, COMPLETE IN BLOCK LETTERS]

FULL NAMES: .....  
(SURNAME, FIRST NAME, OTHER NAME)

SEX: MALE  FEMALE

FULL RESIDENTIAL ADDRESS: .....  
.....  
.....

WHO PICKS THE CHILD FROM SCHOOL?

Please, list at least 3 names, phone numbers & attach passport pictures (of persons not less than 21 years)

Passport		
Name		
Phone Number		

Please Note: Your child/ward will be released ONLY to the person(s) you have indicated

**PLEASE TICK (✓) APPROPRIATELY:**

CONSENT TO PARTICIPATE IN SPORTING ACTIVITIES

CONSENT TO GO ON EXCURSIONS

CONSENT FOR PICTURES TO BE DISPLAYED ON SCHOOL'S WEBSITE, NEWSLETTER, SOCIAL MEDIA, ETC.

**AUTHORISED BY:**

FULL NAME: .....

RELATIONSHIP WITH THE STUDENT: .....

SIGNATURE: ..... DATE: .....

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www.royaloxbridge.school



info@royaloxbridge.school



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## ENROLMENT INFORMATION

- I. CANDIDATE MUST BE AT LEAST 10 YEARS OLD AS AT [REDACTED]
- II. ATTESTATION OF HEAD TEACHER/HEAD OF SCHOOL (*JSS1 CANDIDATES ONLY*)
- III. PLACEMENT ASSESSMENT HOLDS AT THE SCHOOL PREMISES AS SCHEDULED
- IV. CANDIDATES ARE REQUIRED TO BRING ALONG THEIR WRITING MATERIALS
- V. EACH CANDIDATE IS ENTITLED TO A LIGHT REFRESHMENT
- VI. PLEASE CHECK (✓) APPROPRIATELY
  - a. Enrolment Form
  - b. Student's Personal Data Form
  - c. Consent Form
  - d. Medical Form
- VII. ENROLMENT PACKAGE FEE ₦ \_\_\_\_\_

### PLEASE, ATTACH THE FOLLOWING

- VIII. ALL FILLED FORMS (Enrolment, Student's personal data, Consent & Medical Forms)
- IX. COPY OF ENROLMENT PACKAGE RECEIPT
- X. FOUR COPIES OF THE CANDIDATE'S MOST RECENT PASSPORT PHOTOGRAPHS
- XI. MIDSTREAM ENROLMENT
  - a. Letter of Transfer
  - b. Current Academic Results
  - c. Continuous Assessment
- XII. BIRTH CERTIFICATE
- XIII. PHOTOCOPY OF PARENTS'/GUARDIANS' MODE OF IDENTIFICATION  
(PVC/DRIVER'S LICENCE/INTERNATIONAL PASSPORT/NATIONAL IDENTIFICATION CARD)

+ 2 3 4 8 1 2 2 2 1 6 5 1 , + 2 3 4 9 0 3 4 8 7 3 0 4 3



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[info@royaloxbridge.school](mailto:info@royaloxbridge.school)