



Rising Gems Nursery & Primary School

"raising a total child"

2, Isheri Road, Ojodu Berger by River Valley Estate First Gate.
Ojodu, Lagos. Tel: 08138236300, 08099043354.

OUR MISSION

To glorify God by assisting parents, providing a Christ-centred academically excellent education edifying the whole child, resulting in Godly Leadership through service.

VISION

Providing a full-time bible based Christian Education that is Christ-centered and directed by well trained Christian teachers in a controlled environment using a program that is fully individualized to nurture and develop the student's God given talents and gifting.

VALUES

To partner with parents to serve as an extension of the home by assisting parents in their God given responsibility with the spiritual, moral and academic training of their children.



Rising Gems Nursery & Primary School

"raising a total child"

2, Isheri Road, Ojodu Berger by River Valley Estate First Gate.
Ojodu, Lagos. Tel: 08138236300, 08099043354.

affix passport
photograph

LEARNER APPLICATION

CHILD DETAILS

SURNAME _____ OTHER NAMES _____

DATE OF BIRTH _____ AGE _____

MALE/FEMALE _____ STATE OF ORIGIN _____

NATIONALITY _____

RESIDENTIAL ADDRESS _____

HOME TELEPHONE NO _____

PREVIOUS SCHOOLS ATTENDED IN THE LAST THREE (3) YEARS WITH DATES

LAST CLASS IN SCHOOL _____

FAMILY INFORMATION

FATHER'S NAME _____

OCCUPATION _____

WORK ADDRESS _____

CELLPHONE NO _____ WORK PHONE NO _____

E-MAIL _____

MOTHER'S NAME _____

OCCUPATION _____

WORK ADDRESS _____

CELLPHONE NO _____ WORK PHONE NO _____

E-MAIL _____

PARENTS' MARITAL STATUS _____

BROTHERS & SISTERS _____

(List names and ages)

CHURCH NAME _____

CHURCH ADDRESS _____

NAME OF PASTOR_____

TEL. NO_____

IN YOUR OPINION, ARE PARENTS BORN AGAIN? FATHER_____

MOTHER_____

ARE PARENTS CHURCH MINISTERS?

FATHER (YES/NO)_____MINISTRY_____

MOTHER (YES/NO)_____MINISTRY_____

MEDICAL INFORMATION

NAME OF FAMILY DOCTOR_____MINISTRY_____

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL PROBLEMS?_____

IF YES, PLEASE EXPLAIN_____

GENERAL INFORMATION

HOW DID YOU HEAR ABOUT RISING GEMS SCHOOLS?_____

WHAT IS YOUR REASON FOR CHOOSING RISING GEMS SCHOOLS?_____

HAS YOUR CHILD EVER BEEN EXPELLED, DISMISSED, SUSPENDED OR REFUSED ADMISSION TO ANOTHER SCHOOL? _____

IF YES, TO ANY OF THE ABOVE, PLEASE EXPLAIN _____

ATTESTATION BY PREVIOUS HEAD TEACHER/PRINCIPAL

I certify that_____attended my school and that the information given above is correct to the best of my knowledge.

ATTESTATION BY PARENT(S)

I/We certify that the above information is correct

Father's Signature

Date

Mother's Signature

Date

ACCEPTANCE OF REGISTRATION

I accept the registration of this learner in the school, subject to the terms of the Admission Policy

Headteacher's Signature & Stamp

DATE_____

Note: Please study, complete and reports this form with copy of the child's birth certificate and immunizaion records.

AGREEMENT OF ENROLMENT: PARENTS COMMITMENT TO RISING GEMS SCHOOLS

I have read the Parent Handbook of Rising Gems Schools and wholeheartedly agree for my child to submit to the policies and rules, and to respect the authority figures of the school.

I agree to give a term's notice, in writing, should my child want to leave the school before he/she matriculate.

I realize that there might be occasions when children take issue with certain actions of the staff, and they are prone to repeat statements out of context. I agree to support and trust the school staff and call in for full details at any time I have a question concerning an incident.

I acknowledge that a good relationship with my child's Supervisor is very important in the training of my child, and is as much my responsibility as it is the schools'.

I agree to support the staff, pray for them, co-operate with the rules and discipline and follow through with supervising homework or slips to be signed and returned to school. I recognize the importance of attending school functions and seeing that my child's appearance and behaviours give good publicity and set a good example.

I agree to complete Parent Orientation training.

I understand that re-enrolment takes place on a year-by-year basis and is dependent on satisfactory progress and my cooperation with the school in matter of academics, spiritual attitude, discipline and payment of fees.

I agree to participate in activities to support the school where my talents and experience are appropriate.

I consent that my child may attend any outings or functions arranged by Rising Gems International Home Schools.

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____ DATE _____

INDEMNITY

I _____ parents guardian of _____

hereby agree that I indemnify the school and staff against any event, actions or occurrence that might lead to injury or any harm whatsoever without prejudice. I acknowledge that the school will take all reasonable precautions to ensure the safety of my child whilst he/she is in their care.

I acknowledge that I have read and understood the contents of the above indemnity.

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____ DATE _____

FINANCIAL POLICY

Rising Gems Schools aim to provide the best education they can in line with an affordable fee structure. We run on corporate governance principles which include strict financial controls.

* School fees are payable before or on due date.

* A learner will automatically be suspended if fees are not up to date and will only be permitted to resume when the fees are paid in full.

* Learners will not be permitted to re-enrol for the beginning of the next school year unless all outstanding amounts from the previous school year have been paid.

* If you experience financial difficulties, the onus is on the parent to make an appointment to see the Head of School to discuss matters (before the penalties are enacted).

ADMISSION PACKAGE FEES

The package includes the following forms and documents: Learner Application Form, Agreement on Enrolment, Health Examination Form, Pastor Recommendation form, Financial Policy, Medical Attention Form, Statement of Faith and List of Documents to accompany Child on First Day of School.

DIAGNOSTIC TESTING FEES

A fee is payable to cover the cost of testing a child (5 years and above) and the subsequent follow-up interview and administration. This is not refundable.

REGISTRATION FEES

A registration fee is payable when a child is registered at the school for the first time.

TUITION/ANNUAL FEES

Tuition fees are payable monthly for babies; quarterly for toddlers. There is no deduction for sickness or vacation.

CURRICULAR USE FEES

An annual or a termly charge will be levied for Montessori Materials and Horizon's or LIFEPACs (A.C.E. text/workbooks) used by each learner. Additional charges may be levied each term for reissued LIFEPACs where learners do not achieve minimum prescribed scores and for additional LIFEPACs required where the learner progresses beyond the projected number of LIFEPACs for the session. All Horizon's/LIFEPACs remain the property of **Accelerated Christian Education and Rising Gems Schools** and will not be given to learners or their parents to retain or remove from the school premises during or after the learner's period of study at the school.

OTHER FEES

Fees are payable for other learner support materials and activities. Some of the fees charged include those for educational supplies, communication envelope, Collection of I.D card, school photographs, school programmes, French, Music, Ballet, Swimming, Field Trips, Uniforms, Year Book, Medical, Electives, Development levy, after-school clubs and ICT programmes. Meals and school bus fares will also be charged when such services are introduced by the school.

ENROLMENT AGREEMENT

NAME _____ DATE _____

PLEASE THICK DESIRED PROGRAM

PROGRAM		HOURS	TUITION FEES ONLY
<input type="checkbox"/>	Creche (monthly fees)	7:00a.m - 6:00p.m	N20,000
		6:30a.m to extended hours	N25,000
<input type="checkbox"/>	Pre-School (termly fees)	8:am - 1:00p.m	N45,000
<input type="checkbox"/>	Kindergarten (termly fees)	8:am - 2:pm	N50,000
<input type="checkbox"/>	After School (termly fees)	2:00p.m - 6:00p.m	N20,000
		6:00p.m to extended hours	N5,000 monthly

MEDICAL ATTENTION

CHILD'S NAME (surname first) _____

In the event that your child may require medical attention or first aid we need to be able to contact you and to act in accordance with your wishes.

Please complete this form fully

My child has the following illnesses/allergies that may affect his/her treatment

I hereby give consent for the staff of Rising Gems Schools to request the professional assistance of the medical staff of Peniel Hospital, Ikorodu Road, Jibowu, Lagos. should this be deemed necessary.

My medical insurance details are as follows:

MAIN MEMBER'S NAME & ID NO _____

NAME OF MEDICAL AID FUND _____

MEDICAL AID NO _____

CONTACT TELEPHONE NO. OF MEDICAL AID _____

TYPE OF COVER E.G. HOSPITAL/FULLY COMPREHENSIVE _____

If you have no medical Insurance please indicate this _____

My contact details during school hours are as follows:

FATHER'S NAME _____

PHONE NO(S): _____

MOTHER'S NAME _____

PHONE NO(S): _____

If neither parent is available please phone

Name _____

RELATIONSHIP TO CHILD _____

PHONE NO(S) _____

I accept responsibility for any medical expenses that may be incurred.

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____ DATE _____



Rising Gems Nursery & Primary School

"raising a total child"

2, Isheri Road, Ojodu Berger by River Valley Estate First Gate.
Ojodu, Lagos. Tel: 08138236300, 08099043354.

HEALTH EXAMINATION FORM

TO BE COMPLETED BY PARENT OR GUARDIANS

Child's Surname	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth/Month/Day/Year
-----------------	------------	-------------	---	------------------------------

Child's Address

TO BE COMPLETED BY MEDICAL DOCTOR If "yes" to any item, please explain (attach addendum, if needed)

BIRTH HISTORY

- ☐ Uncomplicated Premature _____ weeks gestation
- ☐ Complicated by _____
- Allergies _____ None _____
- ☐ Drugs (list) _____
- ☐ Foods (list) _____
- ☐ Other (list) _____

Does the child have a past or present medical history of the following?

- ☐ Asthma (tick severity) ☐ Intermittent ☐ Mild Persistent
☐ Moderate Persistent ☐ Severe Persistent
- If persistent tick all current medication (s) ☐ Inhaled corticosteroid
☐ Other controller ☐ Quick relief med
☐ None
- ☐ Attention Deficit Hyperactivity Disorder
☐ Chronic or recurrent otitis media
☐ Congenital or acquired heart disorder
☐ Developmental/learning problem
☐ Diabetes
☐ Orthopaedic injury/disability
☐ Seizure disorder
☐ Speech, hearing or visual impairment
☐ Tuberculosis (latent infection or disease)
☐ Other specify _____

PHYSICAL EXAMINATION

Height.....cm (.....0 oile)
Weight.....kg (.....0 oile)
BMI.....kgm2 (.....0 oile)
Head Circumference (age<2yrs).....cm (.....0 oile)
Blood Pressure (age>3yrs)...../...../.....

GENERAL APPEARANCE

NI	Ahnl	NI	Ahnl	NI	Ahnl	NI	Ahnl	NI	Ahnl
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	Lymph nodes	Abdomen	Skin	Pchosocial Dev					
Dental	Lungs	Genitourinary	Neurologist	Language					
Neck	Cardiovascular	Extremities	Back/spine	Behavioural					

Describe abnormalities

DEVELOPMENTAL (age 0-6yrs) Within normal limits

If delay suspected, specify below

- ☐ Cognitive (e.g play skills)
☐ Communication/Language
☐ Social/Emotional
☐ Adaptive/Self-Help
☐ Motor

SCREENING TESTS

Date Done	Results	Date Done	Results
Hearing		Vision	
<input type="checkbox"/> Pure tone audiometry	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Acuity Right/.....
<input type="checkbox"/> OAE		Left/.....
<input type="checkbox"/> Hemoglobin orgdl	Strabismus	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="checkbox"/> Hematocrit (age 9-12mo)...../...../.....%		

IMMUNIZATIONS - DATES

Hep B/...../.....	HPV/...../.....
DTP/DTaP/DT/...../.....	Polio/...../.....
Hib/...../.....	Measles/...../.....
PCV/...../.....	Other specify/...../.....

RECOMMENDATIONS

☐ Full physical activity ☐ Full diet

☐ Restrictions (specify) _____

Follow-up Needed ☐ No ☐ Yes. for _____ Appt date/...../.....

Referral(s) ☐ None ☐ Early Interview ☐ Specific Education ☐ Dental ☐ Vision
☐ Other _____

Doctor's Signature _____

Doctor's Name

Hospital/Clinic Name

Address

Telephone



Rising Gems Nursery & Primary School

"raising a total child"

2, Isheri Road, Ojodu Berger by River Valley Estate First Gate.
Ojodu, Lagos. Tel: 08138236300, 08099043354.

PRIVATE & CONFIDENTIAL

Pastor's Recommendation for Child Enrolment

Name of Parents _____

Address (Residential) _____

Telephone numbers _____

ATTENTION: The above family has applied to have their child/children enrolled at our school and because a child's education is ultimately the parents' responsibility, it is important to know something about their background. Please answer all the questions accurately and with careful consideration, and return it to Rising Gems Schools. Thank you.

- How long have you know this family?.....years.....months

- How well do you know them? ☐ Very well ☐ well ☐ Not so well ☐ Not at all

- What do you consider this family's major strength?_____

- What do you consider their major weakness?_____

- Are the parents born-again?

- Father: Yes ☐ No ☐ Uncertain ☐

- Mother: Yes ☐ No ☐ Uncertain ☐

- What is the commitment to and involvement in the local church
Are they registered members of your church? ☐ Yes ☐ No
- Do they attend regularly? ☐ Yes ☐ No
- Do they attend a Home Cell/Bible Study Group? ☐ Yes ☐ No
- Do they support the local congregation?

- What would you say is their motivation for sending their child to this school?

- Recommendation/Commitment _____

- Your details (please print clearly)

Name of Denomination _____

Address _____

Tel. Note(s) _____

I.....(full name, surname first)
state that I fully understand this recommendation, and realize that my responsibility is
extended to this family, I will further assist the school in any future matter that may require
counselling and/or pastoral intervention. I also agree to inform the school if a family crisis
occur.

I will immediately notify the school should they stop being members of my local assembly

Signature _____ Date _____

**LIST OF DOCUMENTS TO BE SUBMITTED
BY CHILD PRIOR TO FIRST DAY OF SCHOOL**

- 1. Completed Learner Application form**
- 2. Agreement on Enrolment**
- 3. Medical Attention Form**
- 4. Health Examination Form**
- 5. Pastor Recommendation Form**
- 6. Transfer card/letter from previous School**
- 7. Passport-size photograph**
- 8. Copy of birth certificate**
- 9. Copy of Immunization records**
- 10. For Foreign learners, copy of study permit**

**PLEASE ENSURE THAT ALL RELEVANT DOCUMENTS ARE SUBMITTED
PRIOR TO THE FIRST DAY OF SCHOOL**

Statement of faith

We believe in:

1. The divine inspiration of the Bible, the infallible and authoritative Word of God, the supreme and final authority in faith and practice.
2. The one God, eternally existed in three person: Father, Son, and Holy Spirit.
3. In the deity of our Lord Jesus Christ, His pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to Heaven, and second coming of the Lord Jesus Christ in power and glory.
4. The fall of man, the need for regeneration by the operation of the Holy Spirit through personal faith in Jesus Christ as Saviour on the basis of grace alone;
5. The spiritual relationship of all believes in the Lord Jesus Christ, living a life of righteous works, separated from the world, and witnessing of His saving grace through the ministry of the Holy Spirit.
6. In the resurrection of the just and unjust, the one to everlasting life, and the other to everlasting damnation.
7. The Biblical mandate of the Great Commandment and the Great Commission for all Believers to proclaim the Gospel and to disciple all nation.