



BETHEL LIVINGSTONE ACADEMY

Along GSS Aso Pada – Gbagarape Road, Aso C,
Off Maraba Junction – Gurunku Road, Karu Local Government , Nassarawa State
PO Box 1628, Garki, Abuja
Tel/Email: 08065067881, 08159439637 08057719633, 07031166796, 08184266748,
bethellivingstoneacademy@gmail.com, admission@bethellivingstoneacademy.org.

APPLICATION FORM

STUDENT INFORMATION

Surname:

Given Names:

Current address:

Date of Birth:

Gender:

State of Origin:

In which class are you seeking
Admission into?

Age at Next birthday:

INFORMATION ON PREVIOUS/CURRENT SCHOOLS ATTENDED

School and Address

Grades/Classes Attended

Start and End Date

CONTACT FOR CURRENT/LAST SCHOOL ATTENDED

School Name and Address:

Contact Name:

Phone:

Email:

Position:

Please supply full details of any other educational issues that the Academy needs to be aware in order to meet your child's needs
i.e learning disabilities, repeated years, broken school etc.

MEDICAL INFORMATION OF STUDENT

Does the Student have any medical condition that requires special attention?		
Blood Group:	Genotype:	Allergies:
Major/Regular Illness		
Disorders/Disabilities		
Regular Medication		
Contact in case of Medical Emergencies/Attention		
Name:		Phone:
Address:		
INFORMATION ON PARENT (S) OR GUARDIAN (S)		
FATHER/GUARDIAN 1		
Names:		
Office Address:		
E-mail:	Office Phone:	
Position:	Mobile Phone:	
Highest Educational Qualifications:		
Home Address:		
Phone:		
MOTHER/GUARDIAN 2		
Names:		
Office Address:		
E-mail:	Office Phone:	
Position:	Mobile Phone:	
Highest Educational Qualifications:		
Home Address:		
Phone:		
SIBLINGS (OLDEST TO YOUNGEST)		
Names	Gender	Date of Birth
AGREEMENT		

1. That I agree to allow the child/children to share full in the life and programs of the Academy, including Devotional Activities and Biblical Studies, Sporting, Excursions and Camps.
2. That I provide the student/s with the uniform approved by the college, ensuring that the student always appear neatly, modestly and cleanly dressed in the correct uniform.
3. That I provide the student/s with all the necessary school books, stationery and equipment of a personal nature that may be required to enable the student/s to benefit from the education offered by the Academy.
4. That the prescribed fees as set out in prospectus will be paid in the manner stated. I promise to make every effort to meet my obligation to pay school fees by the date required and agree that I will be responsible for any incurred debt. I will give the school Administration one term's notice if I intend to withdraw any child from the Academy
5. That the student/s will obey the rules of the Academy as prescribed in the prospectus. I will co-operate in training my child/children to respect school property and pay damage resulting from abuse of same. I undertake to meet full replacement costs of Texts and Library Books lost or damaged by my child /children.
6. That I ensure that the student/s behave in way that brings honour to the name of Jesus Christ and the Academy, and whilst a student of the Academy, will not use tobacco, alcohol or other harmful drugs or other materials banned by the school.
7. That I accept the right of the Academy to employ such discipline as is deemed wise and expedient for the student's welfare and agree to uphold in every way possible the Academy's authority and right to administer appropriate measures for the good of the student/s in accordance with the policies of the Academy.
8. That I will support the activities of the parents and friends' Association. I will support and pray for the staff and the school programs.
9. That I support the aims of the Academy and order my life and home so the child will be given every opportunity to grow into Christ.
10. That the Academy may suspend or terminate Admission of the students at its discretion for failure to comply with these conditions or other serious breaches of the School rules.

Signature of applicant

Date

Admission Processing fee (Non-refundable) of Four Thousand naira (₦4,000.00) is payable directly into the Academy's Bank Account:

Bank: First Bank of Nigeria Plc
Account Name: Bethel Livingstone Academy
Account Number: 2023300905

Or

Bank: Bam Microfinance Bank
Account Name: Bethel Livingstone Academy
Account Number: 1527020129-01

Completed applications forms should be submitted at the school with supporting documents.

To reduce cost of transportation and inconveniences on the part of parents, Examinations and Interviews will be done on the same day.

Examination Dates:

14th March, 2015; April 25th, 2015; 31st May, 2015.

Examinations Venues:

1. Bethel Livingstone Academy Premises
2. St. Theresa Primary school, Iyorchia Ayu road, Wurukum, Makurdi.

The contact details for the school are:

**Bethel Livingstone Academy, Along GSS Aso Pada – Gbagarape Road, Aso C,
Off Maraba Junction – Gurunku Road, Karu Local Government, Nassarawa State
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