

Registration Form

2027-28



Thank you for your interest in Wellington College International Lagos.

To apply for a place at the College, please fill out the form and submit the required supporting documentation, including your child's last two school reports and a recent passport photograph.

Completed forms and documents should be emailed to admissions@wellingtoncollegelagos.com.

Child's Information

Surname	First Name
Preferred Name	Middle Name
Date of Birth (DD/MM/YYYY)	Place of Birth
Gender	Nationality
Current Year Group	Prospective Year Group
Requested Entry/ Start date	
Accommodation status at Wellington <input type="checkbox"/> Day <input type="checkbox"/> Weekly Boarding <input type="checkbox"/> Full-Boarding (Boarding available for Year 3+)	

Language

Child's First Language	Other Languages Spoken

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Parent's Information

Father/Guardian	Mother/Guardian
Title	
First Name	
Surname	
Citizenship	
Company/Employer	
Profession	
Job Title	
Mobile	
Email	
Home Address	
Work Address and Phone Number	

Main contact during the admissions process Father Mother Both Others

How did you hear about us?

Were you referred to us by WCIL parent or agent?

Sibling Information

Name	Age	Gender	Current School	Applying to study at Wellington?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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Academic History

Name of School	City/Country	Dates Attended	Year Level	Primary Language of Instruction

Please provide the name and email address of a teacher or school leader who can provide an academic and character reference for your child.

Name

Email

Does your child have any learning or curriculum support requirements?

Yes No

If you have answered 'Yes', please provide further information and, where appropriate, copies of the most recent psycho-educational evaluations, Individual Educational Plan, medical report related to the diagnosis or such other supporting documents.

Activities and Interests

Please outline any of your child's artistic, dramatic, musical, sporting or other skills, experience or hobbies (if applicable).

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Parent/Guardian Agreement

In consideration of submitting this registration, I/we being the parent(s)/guardian of the student jointly agree with the following:

1. That Wellington College International Lagos has our permission to contact my/our child's previous school in order to obtain information relevant to this registration.
2. I/we will promptly inform the College if any given information described in this registration form changes.
3. I/we certify that I/we have fully and accurately disclosed in this form all medical, behavioural, emotional and other issues that might affect my/our child's life at Wellington College. I/we agree that the College shall have the right to assess at any time whether it can provide or continue to provide adequate educational care and provision to my/our child. I/We understand that failure to have complied with accurate and complete disclosure is grounds for nullification of a student's enrolment at Wellington College International Lagos.

Signature

Signature

Print Name

Print Name

Relationship to the Child

Relationship to the Child

Date

Date

Pioneering education

to serve and help shape

a better world.