

**IMMACULATE CONCEPTION COLLEGE,
170, M.M. WAY, BENIN CITY
MEDICAL REPORT (To be Filled Only By a Physician)**

GENERAL EXAMINATION:

(1) *Chest X-ray (Radiologist's Report to be attached)*

DATE:.....NO.....

RESULT

(2) **LABORATORY EXAMINATION:** *(Original Lab results to be attached)*

- (a) Urine analysis:
- (b) Blood test: (genotype, HB, PCV, Blood group)
- (c) Stool test (parasitic worm, cysts, ova)
- (d) HIV test

(3) **MANTOUX TESTS:**

(4) **Kindly note that all new students have to be vaccinated against chicken pox and measles and proof of it shown to the College Doctor during check-in on the day of resumption.**

(5) **Any child without proof of having received the above vaccines will not be checked-in on the day of resumption. No room for excuses, please.**

I, Dr.....
certify that detailed examination has been carried out.

I find Master.....
To be in good/poor health and with/without symptoms of contagious diseases.

.....
Signature of Physician & Date

Stamp of Physician

.....
Father's Phone Numbers

.....
Mother's Phone Numbers

Results of tests will be acceptable only from St. Philomena Hospital Benin City, University of Benin Teaching Hospital, Benin City or any Government hospital.

Please Note:

Your son/ward will be **EXPELLED** from Immaculate Conception College at any point in time **(including examination periods or even upon resumption)** if found to have asthma, sickle cell anemia, HIV/AIDS or any chronic, terminal or contagious condition **not disclosed** to the College Management on interview day or well before resumption.

In this regard, we promise absolute confidentiality so as not to destroy your son's/ward's self-esteem.

This form must be submitted on resumption day to our Medical Team.

**IMMACULATE CONCEPTION COLLEGE,
170, M.M. WAY, BENIN CITY**

ACCEPTANCE OF ADMISSION

I hereby accept the offer of admission of my child/ward into Immaculate Conception College.

However, I will forfeit the sum of Fifty-Five Thousand Naira only (N55,000) out of the School fees paid by me in case I later decide to withdraw my child/ward after payment of school fees.

Parent's Name:

Signature:

Date:

.....
Father's Phone Numbers

.....
Mother's Phone Numbers

NB:

Return this form when you submit your first set of Bank Drafts of school fees to the Office of the Bursar; (You will not be attended to if you FAIL to submit this form alongside with your first set of bank drafts same day).

**IMMACULATE CONCEPTION COLLEGE,
170, M.M. WAY, BENIN CITY**

PARENTS' REPORT

To be completed by Parents of student.

STUDENT'S SURNAME..... OTHER NAMES.....
.....

STUDENT'S DATE OF BIRTH: DAY.....MONTH:.....YEAR:.....

(1) Medical history:

Mention any previous illness,

Physical or mental and how treated:

.....

.....

(2) Any Physical Deformity.....

(3) Details of Any Current Medication.....

.....

(4) Has/Does any member of the student's family suffered/suffer from the under listed? **YES/NO.**
(If Yes, please Underline which: Heart Disease, Hypertensive Disease, Asthma, Tuberculosis, Mental Illness, Sickle Cell Disease, Haemophilia.)

(5) Is Your Child A Peptic Ulcer Patient? **YES**..... **NO**.....

Any Seizures? **YES**..... **NO**.....

I, certify the history to be true to the best of my knowledge.

.....
Parent's Signature

.....
Dad's Phone Numbers

.....
Mum's Phone Numbers

NB:

Your son/ward will be **EXPELLED** from Immaculate Conception College at any point in time **(including examination periods and even upon resumption)** if found to have asthma, sickle cell anemia, HIV/AIDS or any chronic, terminal or contagious condition **not disclosed** to the College Management on interview day or well before resumption for proper medical follow-up while in school.

We promise absolute confidentiality so as not to destroy your son's/ward's self-esteem.

This form must be submitted on resumption day.

IMMACULATE CONCEPTION COLLEGE,
170, M.M. WAY, BENIN CITY

UNDERTAKING BY PARENTS

On _____ behalf _____ of _____ my _____ son,
Master.....,

We, Mr. & Mrs.,,

accept the offer of admission given to him and agree that we, the parents and our son will abide by all the rules and regulations of the College as will be applicable from time to time, including those contained in the College Bulletin (ICC Blaze).

Father's Signature.....

Mother's Signature.....

Student's Signature.....

Present Class and Session (Primary).....

Date: Day.....Month.....Year.....

.....
Father's Phone Numbers

.....
Mother's Phone Numbers

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**IMMACULATE CONCEPTION COLLEGE
170, M.M. WAY, P.O. BOX 30, BENIN CITY**

STUDENT'S SPECIAL LETTER OF UNDERTAKING

1. I, (Student)
....., undertake
to be of good behaviour throughout my stay in Immaculate Conception College;
2. I promise to eat all that is set before me by the college and not to waste any food. I also
promise not to eat any food or have drinks smuggled into the College by anyone or
myself;
3. I promise not to have or keep any contraband in my possession and will not have or keep
any throughout my stay in college whether belonging to me or not;
4. I will make the best of my study times in order to achieve expected success;
5. I agree to co-operate with the teachers and external staff throughout examination periods;
6. Over and above these, I promise not to fight or bully, extort or steal, cheat in any way in
continuous assessment (test), internal and external examinations, dodge activities and be
involved in any shady deals with any of the college staff or even fellow student;
7. I accept to have my stay in college terminated as soon as I exude any behaviour that is
contrary to the principles and practices of Immaculate Conception College;

So help me GOD!

Signature of Student

.....

Date.....

Name:

Class:

Parent

Sign.....

Date:

Name:

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