



INTERNATIONAL MODEL SCHOOLS

C/60 GUINKOMEY, EN FACE DE L'AGENCE BENINOISE DE REGULATION PHARMACEUTIQUE
(ABRP) COTONOU, BENIN REPUBLIC.

TEL: (+229) 97 98 02 91 E-MAIL: imsschools2@yahoo.co.uk

Autorisation/Arrêté N 0078/MENRS/CAB/DC/DAPS/SP

Autorisation/Arrêté N 061/MEPS/CAB/DC/SGM/DPP/SP

ADMISSION PROCEDURE

Please submit the following documents to the Admission's office as soon as possible, as they are necessary to complete the application process for all new students seeking enrolment into the International Model School.

1. A completed application form dully dated for each applicant
2. Photocopy of academic records from the most recent school attended
3. Photocopy of original birth certificate
4. Photocopy of International passport or Id card
5. 2 Plastic file
6. Four recent personal passport size photocopy (Identical)
7. An application fee of 25,000cfa (Twenty-five Thousand France cfa) is required to purchase this form
8. A letter of transfer from the previous school (Where applicable)
9. Proof of guardianship and custody (International Passport or National ID)
10. Proof of residency (Residence permit)
11. Teacher recommendations
12. The school may accept students after the year has commenced. Incase, the fee is arranged through the administration, who will also advice parents of the method of payment
13. All cheques should be made payable to the International Model School Bank Account Banque Sahelo saharielle (BSIC). Fees are due and payable on the day of Registration. Charge will be made on overdue accounts and students may be suspended until settlement is made.
14. All fees once paid are non-refundable

All prospective students are required to sit for an assessment examination and informal interview which together with their previous academic records will facilitate decision regarding admission and placement.

Name of student _____

Thank you for completing this application form. Please return all documents required to:

The Administrative Secretary: (+229) 97980291 / 62 00 76 72.



APPLICATION FOR ENTRY

Please attach 6 passport sized photographs in this box's

1. Student Detail:

Name of Student _____

Surname

First name

Other name

Sex: Male

Female

Date of Birth _____

Proposed date of entry _____

Grade desire in IMS _____

Boarding or Day entry _____

Religion _____ Nationality _____

1st Language _____ other languages _____



2. PARENT DETAILS

	FATHER'S	MOTHER'S
NAME		
NATIONALITY		
OCCUPATION		
HOME ADDRESS		
HOME PHONE(S)		
COMPANY 'S NAME		
BUSINESS PHONE NO.		
MOBILE PHONE NO.		
EMAIL ADDRESS		
FAX NO.		



3. GUARDIAN DETAILS

If both parent live abroad, details of a Guardian in this country (who will take full responsibility for events, holidays, clothes etc, and who will in due course be required to sign an undertaking to this effect).

GUARDIAN

NAME	
HOME ADDRESS	
HOME TELEPHONE(S)	
COMPANY'S NAME	
BUSINESS ADDRESS	
BUSINESS PHONE NO.	
MOBILE PHONE NO.	
Email ADDRESS	
FAX NO.	

4. ADDITIONAL CONTACT:

In case of an emergency, and if the school is unable to contact the Parent/Guardian, Please notify:

Name: _____

Relationship to student: _____

Address: _____

Business phone _____ Fax No _____ Mobile No _____

Home phone _____ Email _____



MEDICAL FORM

NAME OF CHILD: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

HOME ADDRESS: _____ TEL: _____

WORK ADDRESS: _____ TEL: _____

MOTHER'S NAME: _____

HOME ADDRESS: _____ TEL: _____

WORK ADDRESS: _____ TEL : _____

GUARDIAN'S NAME: _____

HOME ADDRESS:

WORK ADDRESS: _____ TEL: _____

ANY ALLEGIES:

Any medical conditions eg Asthmatic, Sickle, etc

If yes, Please specify: _____

Any Medication: _____

Your signature is our authorization to treat your child in case of emergency. If we cannot reach you or the guardian, we shall use any other hospital or surgery by the school and you shall be liable to ay the fees.

Parent Signature _____

Date : _____



MEDICAL FORM

Is there any reason why the student should not participate in the full Physical Education Programmer? Yes No

If Yes please explain _____

Are there any special health problems of which the school should be aware of? Are any extreme treatments required?

Has your son / daughter ever suffered from any eating disorder? Yes No

If YES, please give brief details _____

I hereby give permission to the school Doctor to administer first aid, prescriptive medications and to act in casualties and emergencies including admittance to hospital in case of emergency, in the absence of our first being able to contact you.

Signature of Parent (Guardian) _____ Date _____



BOARDING STUDENTS ONLY

I wish to apply for my child _____
to enter the boarding house.

I have arranged pocket money for the student at _____

I have received the list of required items for the use of the student during his/her
residence at IMS

I have registered my child for the medical examination as required.

I agree to abide by the rules and regulations associated with being a student boarding at
IMS.

I accept that if school fees are not paid, when required or by the due date, I forfeit the
right to education at this school. I will notify the school of any change in personal
circumstance which may affect my child's attendance at school.

In the event of my declining the offer of a place for my child, the registration fee is non-
refundable.

I agree to pay any required balance of school fees, if there is an increase during the year.

I am responsible, financially for any breakages which may occur because of my child's
deliberate actions

I will inform the school of any changes in telephone number and or address.

All the information I have provided is true and accurate, I agree:

1. That my child and I will abide by all support and the rules, code of conduct and
regulations of the school
2. To make payment of all the school fees and financial requirements promptly as
requested.
3. To ensure that my child wears official school uniform at all appropriate times
4. To accept all decisions of the Board of Governors.

Signed _____

Parent's Name in full _____

Child's Name _____ Date _____



DAY STUDENT ONLY

I wish to apply for my child _____
To enter IMS as a day student

I have registered my child for the medical examination as required.

I have read and signed the discipline section of this application.

I agree to abide by the rules and regulations associated with being a day student at IMS

I accept that if school fees are not paid, when required or by the due date, I forfeit the right to education at this school. I will notify the school of any change in personal circumstances which may affect my child's attendance at school.

In the event of my declining the offer of a place for my child fees paid _____ and is non-refundable.

I agree to pay any required balance of school fees, if there is an increase during the year.

I am responsible, financially, for any breakages which may occur because of my child's deliberate actions.

I will inform the school of any change in telephone number and or address.

Who is responsible for payment of School fees? Name: _____

Address _____

All the information I have provided is true and accurate, I agree:

1. That my child and I will abide by and support all the rules, code of conduct, and regulations of the school.
2. To make payment of all the school fees and financial requirements promptly as requested.
3. To ensure that my child wears official School Uniform at all appropriate times.
4. To accept all decisions of Board of Governors.

Signed _____

Parent's Name in Full _____

Child's Name _____ Date: _____