



Full School Application Form

Nigeria



PLEASE COMPLETE THE FOLLOWING:

DATE:

Name of Owner (Church Organisation, Legal Entity or Individual):

First	Middle	Surname
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Kindly submit 3 possible names for your School in order of preference:

(Please ensure that the names are completely different)

A.

B.

C.

School Physical Address:

City	Province	Country
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Postal Code

School Postal Address:

City	Province	Country
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Postal Code

Contact Person:

Telephone:

Fax:

Cellular Phone No.:

Email Address:

Full Name of Senior Pastor or Proprietor (if a non-church school):

First	Middle	Surname
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Full Name of Principal:

First	Middle	Surname
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Full Name of Pastor or Administrator (overseeing school):

First	Middle	Surname
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1. Our church/organisation has a school ministry at present. YES NO

Number of years in operation:

Grade Levels:

2. Our church/organisation is interested in Christian Education because:

3. Does your church/organisation belong to a denominational group? YES NO

If yes, name of denomination:

4. If independent, with which group do you fellowship?

Fellowship address:

City Province Country

Postal Code

5. Proposed date of opening your school:

6. Proposed number of students:
Kindergarten/Preschool:

Grade 1 – 12:

7. Proposed date of training:

(Please contact your national consultant for the dates of the next training course, 08035062123

STATEMENT OF FAITH AND PRACTICE

8. Doctrinal Position

We believe in:

- a) The inspiration of the Bible in all parts and without error in its origin;
- b) The one God, eternally existent Father, Son and Holy Spirit, Who created man by a direct immediate act;
- c) The pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to Heaven, and the second coming of the Lord Jesus Christ;
- d) The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all to life or damnation;
- e) The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

9. I have read and agree with the Accelerated Christian Education Statement of Faith and Practice.

YES

NO

Senior Pastor's or Proprietor's Signature

Principal's Signature

Date

10. References: (**Preferably** pastors/administrators already on the Accelerated Christian Education Programme).

Reference 1:

Name

Address

Contact Number

Reference 2:

Name

Address

Contact Number

11. We learnt about the A.C.E. Programme through:

- | | | |
|--|--|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Advert | <input type="checkbox"/> A.C.E. Employee |
| <input type="checkbox"/> Website (SA) | <input type="checkbox"/> Radio | <input type="checkbox"/> School using A.C.E. curriculum |
| <input type="checkbox"/> Website (USA) | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> _____ |

12. If you have been involved in any school using the Accelerated Christian Education Programme, mention whether you are in good relationship with the management of such a School:

CHECKLIST

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Constitution | <input type="checkbox"/> Admin Fee |
| <input type="checkbox"/> Proof of submission of application to register an Independent school with the relevant Ministry of Education | |
| <input type="checkbox"/> Proof of submission of application to Corporate Affairs Commission | |

**PLEASE PAY
ADMINISTRATION
FEE OF N10,000,00 TO:**

**Doulos Education
Enterprises
Access Bank
Acct. #: 0693462237
REF tag: Admin Fee**

OFFICE USE ONLY

DATE RECEIVED:

Recommendation

Please complete this section before submitting the application for registration to Regional Office.

Name

Name

Has Training been booked?

YES NO

Training Recommended

Administrators' (JOS) Date of Training

Supervisor

Recommendation

3. Date on which application was received from school: _____

Type of Interview

Personal Telephonic Reputable Reference

Sign

Date sent to Regional Office