StellaPride Academy

REGISTRATION FORM

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____Middle Name: _____

Gender: ☐ Female ☐ Male Age: ____ Previous/Last Grade/Class _____ Interested Grade/Class _____

Program/School attending at registration: _____

Home address: _____

City: _____ State/Province: _____ Country: _____

Email: _____ Telephone #**:** _____ P.o.Box _____

Parents' / Guardian's Telephone (Include area code) _____

Mother's/Sponsor's name: _____ Email:_____

Father's/Sponsor's name:_____ Email:_____

Mother's/Sponsor's Phone #: _____ Father's/Sponsor's Phone #: _____

Emergency contact Name:_____ Relationship: _____ Phone _____

Please list Special Education Needs of Accommodation (If Applicable) _____

_____

Specify any health problems which interfere with education: _____

Is the student on any medication? No /Yes. If Yes, please specify:

Admission Requirement for submission:

- Filled Registration Form
- verifiable most recent report card or result
- proof of payment.

Download, print and fill in this form. Scan the form and all documents to talktoadmin@stellaprideacademy.com and talktostellaprideacademy@outlook.com

PAYMENTS: Tuition may be paid by cheque or bank transfer to:
StellaPride Academy Limited. 1310159974 Zenith Bank PLC. Attach proof of payment to this registration form.

Preferred Fee Payment Structure (tick one):

Full Session All Subjects [ ] Monthly Per Subject [ ]

All payment must indicate the student's name, and program paid for. **Full fees are paid before the start of classes**.

TUITION AND PAYMENT OPTIONS

Standard Tuition: ₦90,000 per term for 5 subjects
Additional Subjects: ₦16,000 per additional subject per term
Flexible Payment Plan: ₦30,000 monthly for three months
All tuition payments must be completed before classes commence

Early Registration Discount: ₦85,000 per term for students who complete registration and payment by the published early registration deadline
Access Scholarship: Eligible students from economically marginalized backgrounds may apply for a reduced tuition rate of ₦70,000 per term
Scholarships are limited and awarded based on financial need and available sponsorship or institutional funding

For more information, contact: **talktostellaprideacademy@outlook.com / info@stellaprideacademy.com / talktoadmin@stellaprideacademy.com**

Signature of Parent or Sponsor _____ Date _____

REFUND POLICY:

1. StellaPride Academy will not be liable for untraceable/ unidentifiable payments which bear no students' name and program paid for.
2. No refunds will be made for missed lessons for more than one month without a prior formal notification of extenuating circumstances for missing classes.
3. Where refunds are approved, a 10% administrative fee will be deducted from total fees to be refunded.

AUTHORIZATION

I hereby give permission to StellaPride Academy to photograph and/or videotape my child /ward or me (if 18 years and above) for educational or promotional purposes. Yes/No (circle your choice)

Parent / Sponsor's signature _____ Date _____

Student's Signature (18 - 21yrs) _____ Date _____

How did you hear about us? (Check one)

☐ Friend/Family ☐ social media (Facebook, Instagram, Ticktock, WhatsApp, etc.) ☐ Google/Search Engine
☐ School Staff ☐ Flyer/Poster ☐ Community Event ☐ Church/Organization ☐ Other: _____

CODE OF CONDUCT

I understand that StellaPride Academy has the right to deny admittance to any student who does not meet the standards of the program as it sees fit. I agree not to hold these parties responsible in the event that I (if student is 18 years and above) /my child/ward engages in inappropriate conduct (including but not limited to disruptive or volatile behaviour during their learning/interaction with SPA staff / program, etc.) or becomes involved in any activity or with any persons in ways detrimental to the image and operations of SPA. I also agree that my most recent report card/result will be verified for authenticity with the report /result issuer and **forgery would result in disqualification for enrollment without refund of any fee(s) paid.**

I attest that all the information contained in and attached to this application is correct to the best of my knowledge. I have agreed to all the policies stated, fee payment, admission requirement and Code of Conduct of StellaPride Academy.

Parent Sign. _____Date_____ Student Sign. _____ Date_____