

House 1, Road 2, Ifelodun-Alaru, Ajara, Olorunda Abaa Road, Ibadan 09027090792, 09027435092, 09033785838, 08027525389

## APPLICATION FORM INTO SECONDARY SCHOOL

PERSONAL INFORMATION: STUDENT

Name:			
Surname Nationality:		First Name State of Origin:	Middle Name
-		Date of Birth:	
Sex: Male Female Student's Email:			
PERSONAL INFORMA			
Father's Name:			
	пате	First Name Email address:	Middle Name
Phone number[s]			
Mother's Name:			
Surn Nationality:			Middle Name
SCHOOL HISTORY: S	STUDENT		
At what age did the child	start formal	schooling?	
Please list the last 2 school	ols attended	and attach copies of recent re	ports
1. School Name:			
I anguage of instr	uction:		

Address:		
Dates: From	to	Grade/Class:
School Name:		
Language of instruction: _		
Address:		
Dates: From	to	Grade/Class:
Please indicate the last cla	ss/grade completed in full:	
Date of completion:		
•	cular interests/talents, or school	ol activities in which they have been involved?
Has the child ever been su If Yes, please explain why	spended or requested to withdr	raw from school? Yes No
		es No leginner Intermediate Advanced
Behavioural: Yes No		ed for any of the following reasons?  Gifted/Talented: Yes No No No
PARENT EMPLOYME  Please indicate your employed Civil S		ployer
	ization:	
Position:Company/Organization/Sh	nop address:	
		Work Email
ADMISSIONS INFORM Your Preference for Grade Expected date of Enrollme	Placement:	

I, the parent of	N THE SCHOOL & PARENTS/GU	admission in DOLVIC
, 1		
SCHOOLS, solemnly declare that the info	rmation above is absolutely true and t	hat if found factually
wrong at anytime after the admission during	ng his/her stay in the school, I shall ab	ide by the decision of the
school authorities without any plea or prot	ect. I also agree to abide by the rules a	and regulations in all
aspects.		
Signature of Father	Signature of Mother	Date



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## APPLICATION FORM INTO PRIMARY SCHOOL

PERSONAL INFORMATION: STUDENT

Name:		First Name	Middle Name
		State of Origin:	
LGA of Origin:		Date of Birth:	
Sex: Male Fei	nale 🔲	Student's Email:	
PERSONAL INFO	RMATION:	FAMILY	
Father's Name:			
Nationality:	Surname	First Name Email address:	Middle Name
Phone number[s]			
Mother's Name:			
Nationality:		First Name Email address:	Middle Name
Phone number[s]: _ Home Address:			
SCHOOL HISTOR			
		mal schooling?	
Please list the last 2	schools atten	ded and attach copies of recent r	reports
1. School Name	e:		
Language of	instruction:		

Address:		
Dates: From	to	Grade/Class:
School Name:		
Language of instruction: _		
Address:		
Dates: From	to	Grade/Class:
Please indicate the last cla	ss/grade completed in full:	
Date of completion:		
•	cular interests/talents, or school	ol activities in which they have been involved?
Has the child ever been su If Yes, please explain why	spended or requested to withdr	raw from school? Yes No
		es No leginner Intermediate Advanced
Behavioural: Yes No		ed for any of the following reasons?  Gifted/Talented: Yes No No No
PARENT EMPLOYME  Please indicate your employed Civil S		ployer
	ization:	
Position:Company/Organization/Sh	nop address:	
		Work Email
ADMISSIONS INFORM Your Preference for Grade Expected date of Enrollme	Placement:	

I, the parent of	N THE SCHOOL & PARENTS/GU	admission in DOLVIC
, 1		
SCHOOLS, solemnly declare that the info	rmation above is absolutely true and t	hat if found factually
wrong at anytime after the admission during	ng his/her stay in the school, I shall ab	ide by the decision of the
school authorities without any plea or prot	ect. I also agree to abide by the rules a	and regulations in all
aspects.		
Signature of Father	Signature of Mother	Date