



ADUNLEKAN INTERNATIONAL ACADEMY

CRECHE | PLAYGROUP | NURSERY | PRIMARY | SECONDARY

*Pls affix
passport size
photograph*

APPLICATION FOR ADMISSION

1. Surname : _____

2. Other Names: _____

3. Date of Birth : _____ Sex: _____

4. Nationality: _____ State: _____

5. Religion: _____

6. School(Last attended) _____

7. Class completed: _____

8. Information about parents/guardian

Surname: _____

Other names: _____

Relationship with the child _____

Occupation: _____

Residential Address: _____

Tel No: _____

Office Address: _____

Tel No: _____

Postal address _____

Signature _____

9.(a) Medical history: Please give details of physical defects or mental disability, illness or such other matters the school ought to know: _____

(b) Name and address of child's usual medical practitioner who may be consulted when necessary :

This application must be completed and returned with two passport photographs .



NAME: _____

