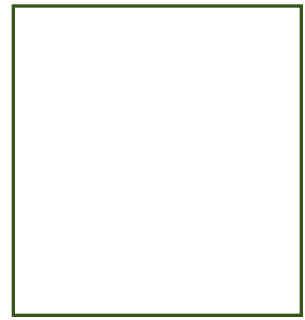




HOMAJ

NURSERY & PRIMARY SCHOOL

AGO-ITUNU, ONDO. P.MB. 526, TEL: 08035766668 OR 08033839735



PHOTOGRAPH

APPLICATION FOR ADMISSION (20__/20__ SESSION)

PERSONAL INFORMATION

Legal Name:

Surname _____ First _____ Middle _____

Permanent Address:

P. O. Box or Street Address _____

Country _____ State _____ City _____

Phone No. (include area code/int'l access code where appropriate) _____

Mobile Phone No. _____ E-mail Address _____

Date of Birth: Day _____ Month _____ Year _____

Place of Birth: Country _____ State _____ City _____

Nationality: _____ Primary Language: _____ Gender: Male Female

Religious Affiliation: Christian Islam Others (Please specify) _____

(For statistical analysis only, it is not used in the admissions process and will have no bearing on your admission status)

Is there any food you cannot eat? _____

Do you suffer from any sickness, to take regular medication? _____

If Yes, please give details _____

EDUCATION INFORMATION

Have you ever been to any school before? _____

If YES, What is the name of the school? _____

What class would you like to be? _____

Do you want to be a boarding or day student? _____

PARENT/GUARDIAN INFORMATION

In case of emergency, the School may contact:

Surname _____ First _____ Middle _____

P. O. Box or Street Address _____

Country _____ State _____ City _____

Occupation _____ Phone No. _____

Signature _____ Date _____

ATTESTATION

I attest that the above information is true and accurate knowing fully well that false declaration and misrepresentation of facts can lead to disqualification of my admission at any point in time in the course of my studentship.