



# HOMAJ

## SECONDARY SCHOOL

ITANLA, ONDO. P.MB. 526, TEL: 08033839735, 08035766668



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 \_\_\_\_\_

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)*

#### MEDICAL INFORMATION

Family Doctor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Is there any food you cannot eat? \_\_\_\_\_

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

If Yes, please give details \_\_\_\_\_

#### EDUCATION INFORMATION

Last School Attended \_\_\_\_\_

P. O. Box or Street Address \_\_\_\_\_

Country \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_

School Phone No. \_\_\_\_\_ Year of Graduation/ Year Left \_\_\_\_\_

What class would you like to be? \_\_\_\_\_

Do you want to be a boarding or day student? \_\_\_\_\_

Give any other information which you consider relevant to this application including previous clubs, honours and awards.

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**PARENT/GUARDIAN INFORMATION**

In case of emergency, the School may contact:

**Father's Information:**

Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

P. O. Box or Street Address \_\_\_\_\_

Country \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mother's Information:**

Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

P. O. Box or Street Address \_\_\_\_\_

Country \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

List names, relationships, and class year of relatives, friends, or teachers who attended or are now attending Homaj International Secondary School Ondo:

\_\_\_\_\_

**ATTESTATION**

*I hereby make application to Homaj Secondary School Ondo. I am fully aware that if I am admitted, I will be expected to comply with all the regulations of the school. 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.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Examination No: \_\_\_\_\_ Examination Date \_\_\_\_\_

Receipt No. For Application Fee \_\_\_\_\_ Result \_\_\_\_\_

Admitted  Not Admitted

General Comments on Applicants \_\_\_\_\_

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