Abimbola Academy

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Passport photograph

Admission Form (JSS 1)

Please, Complete in Capital Letters

Surname: …… Other Names: ……

Date of Birth: ……/……/20…… Sex: …….

State of Origin: …… Nationality: ……

Current/Last Primary School: ……

Residential Address of Candidate: ……

……

Name of Parents/ Guardians: ……

Occupation of Parents/Guardians ……

Any Medical Condition we need to know about?: ……

Telephone: …… Email: ……

_____ _____ _____

Pupil's Signature: Date Parent's Signature:

Form to be submitted with a copy of Birth Certificate and 2 affixed passport photograph

FOR OFFICIAL USE ONLY

OVERALL TEST SCORE: _____ ADMISSION STATUS: _____

SIGNATURE OF PRINCIPAL: _____

PLEASE DETACH AND BRING TO EXAMINATION VENUE

EXAM SLIP

Passport photograph

SURNAME: ……

OTHER NAMES: ……