AL-HIKMAT COLLEGE

Add: 5, Adeniji Str, Mulero, Agege, Lagos.
Tel: 01-2952167, 08056671389
E-mail: info@alhikmatschools.com
Website: www.alhikmatschools.com

Academic Session _____ **Proposed Class** _____

SCHOOL TYPE: **Day** ☐ **Boarding** ☐

ADMISSION FORM

This form should be printed out and submitted to the Admissions Office of the College with two (2) passport photographs of the applicant, photocopies of birth certificate, testimonial/result from last school attended , transfer certificate (where applicable) and other relevant information.

SECTION A (PERSONAL DATA)

1. **Surname:** _____
2. **Other Name(s):** _____
3. **Height:** _____ **Sex: Male** ☐ **Female** ☐
4. **Date of Birth:** _____
5. **Nationality:** _____
6. **State of Origin:** _____ **LGA:** _____
7. **Religion:** _____
8. **School last Attended:** _____
9. **Class Completed:** _____
10. **Class into which admission is being sought:** _____
11. **Postal Address:** _____
12. a. **Name of Parent/Guardian:** _____
    b. **Occupation:** _____
    c. **Residential Address:** _____ **Tel. No.:** _____
    d. **Office Address:** _____ **Tel. No.:** _____
    e. **E-mail:** _____
13. a. **Name of Local Guardian:** _____
    (*If parents are not resident in Lagos*)
    b. **Relationship to the Pupil:** _____

c. Contact Address:_____

_____ **Tel. No.:**_____

14. Have you any physical disability? Yes ☐ **No** ☐

If yes, state the nature of the disability:_____

SECTION B (ACADEMIC DATA)

15. Certificate in view: _____

16. Indicate the area of academic interest:

Science ☐ **Art** ☐ **Commercial** ☐

Vocational ☐ **Any other:** _____

17. Course you intend studying at the tertiary level: _____

18. SCHOOL(S) ATTENDED

	Primary School	Junior Sec. Sch.	Senior Sec. Sch.
Name of School			
Year of Attendance			
Year Left			
Reason for Leaving			
Certificate			

19. Distinction and Prizes

i) _____

ii)_____

iii)

_____

20. Are you currently registered in another Secondary school? Yes ☐ **No** ☐

If yes, state the name of the Secondary school: _____

21. State two persons to whom reference may be made (at least one of them should be your teacher at Nursery/Primary/former school, as applicable).

i) Name: _____ **Occupation:**_____

Designation:_____ **Tel. No.:**_____

ii) Name: _____ Occupation: _____

Designation:_____ Tel. No.:_____

22. SPONSORSHIP: ***Give name and address of your sponsor (if any)***

Name:_____

Address:_____

SECTION C (FAMILY BACKGROUND)

23.

Parents	Father	Mother	Guardian(s)
Name			
Contact Address			
Residential Address			
Telephone Number			
State of Origin			
Nationality			
Religion			
Occupation			
Deceased			

24. State the type of family you belong to?: _____

How many children do your parents have?: _____

What is your position in the family?: _____

Are your parents living together?:_____

SECTION D (HEALTH RECORDS)

25. **<u>Physical Disabilities</u>**

Tick as applicable: Short sightedness ☐ **Squinting** ☐

Partial Deafness ☐ **Long sightedness** ☐

Limping ☐ **Partial blindness** ☐

Stammering ☐

Please specify any other (s) e.g. left handedness:_____

_____

26. Indicate whether you have ever suffered from any of the following. Thick Yes or No

Measles ☐ **Chickenpox** ☐ **Diphtheria** ☐

Whooping Cough ☐ **Eye disease** ☐ **Ear disease** ☐

State any other disease(s) you have suffered that are not mentioned: _____

27. Family Health History: Is/has any member of your family suffering/suffered from any of the following? Tick *Yes* or *No* where appropriate.

Tuberculosis ☐ **Diabetes** ☐ **Epilepsy** ☐ **Mental Disorder** ☐

Hypertension ☐ **Heart Disorder** ☐ **Cancer** ☐ **Asthma** ☐

28. Please indicate, in the boxes below, any of the vaccinations you have taken (with dates):

i) Small Pox ☐ **Date: _____** **ii) BCG** ☐ **Date: _____**

iii) Cholera ☐ **Date: _____** **iv) Polio Vaccine** ☐ **Date: ____**

v) Any Other ☐ **Date: _____**

29. Undertaking By Parent / Guardian

If my child/ward should be ill, or injured while he/she is in school, I agree that he/she should receive medication from the nearest approved medical centre at my expense.

Name:

_____

Address:_____

Signature: _____ **Date:_____**

30. State precisely your preference for Al-Hikmat College: _____

_____

31. DECLARATION BY APPLICANT

I hereby declare that the information stated above is accurate in every detail, to the best of my knowledge.

Signature: _____ **Date:_____**

FOR OFFICIAL USE ONLY

Date of Purchase:_____ Receipt No. of Application Form: _____

Attached Documents: i) _____ ii) _____ iii) _____

iv)_____ v) _____ vi) _____

Date Result Communicated: _____ Registration Number (if admitted): _____

Principal's Comment and Recommendation: _____

_____

Signature: _____ Date:_____