AWESOME COLLEGE

20, Town Planning Way, Ilupeju, Lagos
Tel: 08057899783, 08038003113
E-mail: awesomecollege@hotmail.co.uk
Website: www.awesomecollege.org

Application Form

Personal Details

Surname	Other Name(s): 1. 2.

Date and Place of Birth.....

*** Please attach photocopy of Birth Certificate**

Nationality	State of Origin

Name of current school .....

Full Address of school .....

Current Class.....

Religion .....

Where do you worship?.....

Name of Pastor/or leader in place of worship.....

Class to which admission is being sought. Tick ( ) the box as applicable

YEAR			
7	8	9	10

Previous Schools Attended

1
2
3

Extra Curricular Activities. Give Details

Any special home circumstances of which the School should be aware .....

Is there any reason why your child might not be able to participate fully in sporting activities of the School?.....

How did you get informed of Awesome College? .....

Awesome College is a Christian School and as such biblical principles will govern all actions by staff and students. Parents wishing their children/wards to be admitted must realise that no provision is made for other faiths. Whilst profession of Christianity is not a requirement for admission, all students must attend all required Christian activities as established by the Board most especially Awesome Fellowship on Tuesdays and Wednesdays.

While no coercion or pressure will be applied, there is every likelihood that those who are not Christian may become interested in the Christian faith.

Parents must agree that should this happen, the child is free to choose to become a Christian.

Parent/Guardian Particulars

Name	Relationship	Occupation	Official Address	Telephone Number

Parent/Guardian Signature:_____ Date: _____

Home Address: _____

Father's Phone No:_____

Mother's Phone No:_____

Guardian's Phone No:_____

Father's Email Address: _____

Mother's Email Address:_____

EXAMINATION SLIP

Tear off and retain for identification.....

Name of Student:.....

Current School of Student & Address:.....

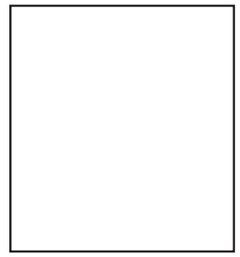
.....

Class at present.....

Name of Current HeadmasterlHeadmistress.....

Signature of Headteacher and School Stamp.....

A-LEVEL
APPLICATION FORM



PERSONAL DATA

A

SURNAME:.....

OTHER NAMES:.....

DATE OF BIRTH:..... ***Please attach copy of Birth Certificate**

NATIONALITY:.....

RELIGION.....

RELIABLE CONTACT ADDRESS:.....

POSTAL ADDRESS:.....

TEL: .....

EDUCATIONAL DATA (Schools attended with dates)

B

(i).....

(ii) .....

(iii) .....

(iv) .....

Proposed course and examination .....

SUBJECTS TO BE OFFERED (ATTACH COPY OF RESULT(S))

(i).....

(ii) .....

(iii) .....

(iv).....

Please attach photocopies of existing Certificates/Testimonals

All new students are expected to undergo the following medical examinations before resumption at the school's recognized hospital.

GRACESPRINGS MEDICAL CENTER: 19, Oba Adetona Street, Off Sura-Mogaji Street, Ilupeju.

BLOOD GROUP: .....

GENOTYPE:.....

HEPATITIS A & B: .....

MANTOUX TEST:.....

PARENT(S) GUARDIAN(S) DATA

C

NAME:.....

CONTACT ADDRESS:.....

TEL (HOME) ..... **(OFFICE)**..... **E-mail:** .....

I, the undersigned, and sponsor of Mr/Miss .....**hereby agree to pay all fees related to the programme as at when due.**

SIGNATURE..... **DATE**.....

HEALTH DATA

D

(i) ALLERGIES .....

(ii) SPECIAL NEEDS.....

(III) EMERGENCY - CONTACT Name:..... **Tel:**.....

I the undersigned hereby testify that, the information given above is correct and agree to abide by all rules and regulation as laid down by the College

Student's Signature:..... **Date:**.....