ELIBEL COMPREHENSIVE ACADEMY

1-3, Elibel Street, LSDPC Housing Estate, Abesan,
Behind Jakande Estate, Ipaja, Lagos.
Tel: 08053543922, 08095363330, 08100825974, 08068967296

Admission No:_____
Date:_____

Application For Admission

Affix Passport Photograph Here

1. Surname:_____
(Block Letters)

(b) Other Names:_____

2. Date Of Birth:_____ Blood Group_____

3. State Of Origin_____ Local Govt. Area_____ Town_____

4. Residential Address:_____

5. School Attended_____

6. Class Completed:_____

7. Any Special ailment (YES/NO) if Yes specify_____

8. Name of Parent / Guardian:_____

9. Father's Occupation:_____ Office Address:_____ Phone No:_____

10. Mother's Occupation:_____ Office Address:_____ Phone No:_____

11. Contact Address:_____

12. Candidate's Signature:_____

13. Certification By Head Teacher:

I_____certify that the above information is true and correct to the best of my knowledge.

Head Teacher's Signature and the school stamp.

14. UNDERTAKING

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

Name:_____ Address:_____

Signature:_____ Phone:_____ Date;_____

This application form must be completed and returned with:

(a) Two passport sized photographs
(b) A photocopy of candidate's birth certificate
(c) A testimonial from the present or last school attended.

FOR OFFICE USE ONLY

1. ENGLISH LANGUAGE	2. MATHEMATICS	3. GENERAL PAPER	TOTAL

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Please detach this slip and bring to the examination hall.

Examination number

Affix Passport Photograph Here

Name:_____

School:_____

Sex:_____ Examination Date:_____

Examination Centre: **ELIBEL COMPREHENSIVE ACADEMY**
1-3, Elibel Street, LSDPC Housing Estate, Abesan, Behind Jakande Estate, Ipaja, Lagos.

Completed Examination Form must be returned to the PRINCIPAL, Elibel Comprehensive Academy not latter than one week.,