ENSYDAM MODEL SCHOOLS

12, Ayandeji Street, Off Anglican Road, Abebi New Site, Otta, Ogun State
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ATTACH RECENT PASSPORT PHOTOGRAPH WITH NAME AND DATE OF BIRTH AT THE BACK OF PASSPORT

ADMISSION FORM

1. **CANDIDATE'S NAME** _____
   SURNAME FIRST NAME MIDDLE NAME
2. **HOME ADDRESS:** _____
   _____
3. **DATE /PLACE OF BIRTH** _____ **AGE** _____
   ATTACH PHOTOCOPY OF BIRTH CERTIFICATE
4. **STATE OF ORIGIN:** _____**TOWN:** _____**NATIONALITY:** _____
5. **RELIGION** _____**SEX** _____
6. **LAST SCHOOL ATTENDED:** _____
7. **LAST CLASS PASSED:** _____
8. **BLOOD GROUP** _____ **GENOTYPE** _____
9. **ANY PREVIOUS SURGERY: YES** ☐ **NO** ☐ **IF YES, STATE WHERE AND WHEN:**_____
   _____
10. **ANY DISABILITY : YES** ☐ **NO** ☐ **IF YES, STATE:** _____
11. **ANY ALLERGY/MEDICAL CONDITIONS** _____
12. **IN ANY CASE OF HEALTH EMERGENCY, DOES THE FAMILY HAVE A CLINIC/HOSPITAL?, IF YES, STATE ADDRESS AND CONTACT NUMBER:** _____
    _____
    _____

UNDERTAKING:
I UNDERSTAND AND AGREE TO PAY EACH TERM'S FEES IN ADAVNCE. I ALSO AGREE TO COMPLY WITH ALL CONDITIONS STIPULATED IN YOUR SCHOOL PROSPECTUS WHICH I HAVE READ CAREFULLY WITH FULL UNDERSTANDING

13. NAME OF FATHER _____

(A) HOME ADDRESS _____

(B) OCCUPATION _____ **TEL** _____

(C) OFFICE ADDRESS _____

(D) SIGNATURE/DATE _____ **EMAIL ADDRESS**_____

14. NAME OF MOTHER _____

(A) HOME ADDRESS _____

(B) OCCUPATION _____ **TEL** _____

(C) OFFICE ADDRESS _____

(D) SIGNATURE/DATE _____ **EMAIL ADDRESS**_____

FOR OFFICIAL USE ONLY

1. DATE OF FORM SUBMISSION:_____ CLASS PLACEMENT_____

2. ADMISSION NUMBER_____ DATE OF ADMISSION_____

3. DOCUMENTS ATTACHED:_____

NAME AND SIGN_____
HEAD TEACHER Date:_____