MERCYLAND INTERNATIONAL SCHOOL

NURSERY - PRIMARY - DAY - BOARDING

MOTTO: UPPER STANDARD

OBA ALAKE ROAD, G.R.A. P.O.BOX 227, IBARA, ABEOKUTA, OGUN STATE
TEL: 08033347814,08035666867,08038507358
WEBSITE: www.mercylandschools-ng.com EMAIL: mercylandschools@yahoo.com

Affix a passport photograph

ADMISSION FORM

1. SURNAME:_____
2. OTHER NAMES:_____
3. DATE OF BIRTH:_____ PLACE OF BIRTH:_____
4. SEX:_____ RELIGION:_____
5. NATIONALITY:_____ STATE OF ORIGIN:_____
6. LAST SCHOOL ATTENDED:_____

   _____
7. LAST CLASS & STANDARD ATTAINED:_____
8. NAME OF PARENTS/GUARDIANS: (1)_____

   (2)_____
9. ADDRESS OF PARENTS/GUARDIAN (RESIDENTIAL):_____

   _____ TEL:_____
10. ADDRESS (BUSINESS/OFFICE):_____

    _____ TEL: _____
11. STATUS: DAY OR BOARDING (optional):_____

MEDICAL DATA

(a) WEIGHT OF PUPIL:_____ HEIGHT:_____

(b) BLOOD GROUP:_____ GENOTYPE:_____

(c) NAMES & ADDRESS OF FAMILY DOCTOR_____

_____TEL NO:_____

(d) NUMBER OF SISTERS & BROTHERS: _____

_____

(e) COMMENT ON MEDICAL HISTORY:_____

_____

(f) STATE/SPECIAL NEED:_____

NOTE: MEDICAL EXAMINATION IS COMPULSORY FOR RECORD PURPOSE ONLY.
TEST RESULT WILL BE GIVEN TO PARENTS AND STRICTLY CONFIDENTIAL.

FOR OFFICIAL COMMENT ONLY

1. INTERVIEW CONDUCTED BY:_____

   DATE: _____

2. SCORE/GRADE IN EXAM. OR TEST:_____

3. CLASS ADMITTED: _____

4. INTERVIEWER'S COMMENT _____

MEDICAL TEST RESULT

5. TEST/MEASUREMENT BY:_____

   COMMENT ON SPECIAL NEED:_____

_____ _____

HEADMASTER'S SIGNATURE & STAMP DATE