Passport Photograph (2 copies)

APPLICATION FORM

OLUMAWU SCHOOL

20th Anniversary

1993 - 2013

92 Adetokunbo Ademola Crescent, Wuse II, Abuja.
0803 3113 304, 0703 7016 130
info@olumawu.org - www.olumawu.org

- Creche
- Pre School
- Basic Education
- College

ADMISSION REGISTER

ADMISSION No.:.....

DATE:.....

CLASS:.....

APPLICATION No.:.....

OFFICIAL USE ONLY

SESSION 20____/20____

A. PUPIL/STUDENT

1. NAME: _____
SURNAME *FIRST NAME* *OTHER NAMES*

2. SEX:_____ 3. DATE OF BIRTH: _____ 4. PLACE OF BIRTH: _____

5. STATE OF ORIGIN: _____ 6. L.G.A: _____

7. NATIONALITY:_____ 8. RELIGION:_____

9. SPECIAL MEDICAL CONDITION: _____

10. BLOOD GROUP: _____ 11.CLASS APPLYING TO:_____

12. NAME & ADDRESS OF SCHOOLS LAST ATTENDED	PERIOD	EXAMINATION PASSED	HEAD TEACHER'S NAME & SIGNATURE

B. PARENT/GUARDIAN

1. NAME: _____ 2. RELATIONSHIP TO CHILD: _____

3. OCCUPATION: _____

4. HOME ADDRESS:_____

5. OFFICE ADDRESS:_____

6. TELEPHONE:_____ _____
MOTHER *FATHER*

7. EMAIL: _____ _____
MOTHER *FATHER*

8. EMERGENCY TELEPHONE NUMBER:_____

9. SIGNATURE: _____ 10. DATE: _____

11. HOW DID YOU GET TO KNOW ABOUT OLUMAWU SCHOOL? _____