

ANGLICAN BOYS’ACADEMY,ESIE

DIOCESE OF IGBOMINA, KWARA STATE, NIGERIA

***Motto: Trust in God, Do the Right***

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 **FORMNO: ABAE/2020/21/OO1**

ADMISSION FORM

3 Passport Photographs

**CANDIDATE’S BIO-DATA**

1. Surname:………………………………………………………………………….…
2. First Name:………………………………………………….………………………
3. Middle Name:………………………………………………………………….…..
4. Address:……………………………………………………………………..………
5. Town:…………………...…………….…………………………………………….

 6. L.G.A.:…………………….……………7.State(Origin):…………………………

 8.State(Domicile):………………….……….9.Nationality:………………………….…

 10. Sex:………………………..…………….

 11.Date of Birth:…………………………………………………………………………

 12.PlaceofBirth:………………………………………………………………………….

 13. Last School Attended:…………………………………………..……………………

 14. Last Class:……………………………………………………………………………

 15. Religion:…………………………16. Denomination if Christian:………….………

 17.Parent’s/Guidance’s Name:…………….…………………………………………….

 18. Parent’s/ Guidance’s Phone No:……………………………………………………

 19. Parent’s/Guidance’s E-Mail Address:……………..……………………………

 20. Parent’s/Guidance’s Occupation:……………………………………………………

 21. Contact Address if different from earlier address……………………………………

………………………………………………………………………………………………

 22. Signature:…………………………….. 23. Date:……………………………..…

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|  **24. HEALTH RECORDS** |
| **BLOOD GROUP** | **GENOTYPE** | **HBS AG** | BLOOD LEVEL(PVC) |
|  |  |  |  |
| **ANY HEALTH CHALLENGE** |  |
| **CAUSES** |  |

**Please, attach to this form the photocopies of the tests stated under health records and be particular about the health challenge.**

**FOR OFFICE USE ONLY**

Admission No:…………………… Date Admitted:……………...………..…….

Class:……………………………. Officer Admitting:…………………………

Signature:…………………………… Date:………………………………………..