

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:………………………………………..