



HAPA COLLEGE

KM 3, AKURE/OWO EXPRESS ROAD, SHASHA, OBA-ILE, AKURE NORTH, ONDO STATE.

E-MAIL: hapacollege2013@yahoo.com

www.hapacollege.com

PHONE NUMBERS: +234 803 504 2727, +234 803 883 8583

APPLICATION FORM

FORM NO:.....

OFFICIAL

Admission Date:.....

SESSION:.....

Admission No:.....

*Affix photo
of father*

*Affix photo
of mother*

*Affix photo
of child*

Admission required for:

JS 1

☐

JS 2

☐

JS 3

☐

SS 1

☐

SS 2

☐

NOTE: PLEASE USE CAPITAL LETTERS ONLY

We,.....and.....

wish to admit our son/daughter/ward whose particulars are given below as a scholar at HAPA College.

A. INFORMATION OF THE CHILD

I. PERSONAL

(As stated on the Child's NIN)

Surname

Middle Name

Other Name

Gender

☐ Male ☐ Female

Date of Birth

Place of Birth

Age

Nationality

State of Origin

Local Government Area

Religion

Residential Address:

II. ACADEMICS

LAST SCHOOL ATTENDED

From

To

Class attended

Certificate/Result Obtained

Grade

REASON FOR LEAVING

AWARD WON SO FAR

State any representation for your School:.....

Future Prospects:.....

III. HEALTH

Blood Group

Genotype

PLEASE INDICATE IF YOUR CHILD HAS SUFFERED FROM ANY OF THE FOLLOWING HEALTH CHALLENGES

CONDITION

YES

NO

Cardiovascular

Allergy to any drug

Has the Student under gone any surgery?

Articulation or Spinal problems

Visual or Hearing defects

Anxiety related problems

Is She/He on any medicine on a permanent basis?

Does the student require glass to read?

Any other conditioned not mentioned

IF YES TO ANY OF THE ABOVE, THEN PLEASE PROVIDE DETAILS BELOW

IV. SPECIAL EDUCATION NEEDS

DOES THE STUDENT HAVE ANY ADDITIONAL SENSORY, PHYSICAL
LEARNING OR BEHAVIOURAL DIFFICULTIES

YES

NO

☐☐

DOES THE STUDENT REQUIRE THE SUPPORT OF A
TEACHING ASSISTANT AFTER SCHOOL PERIOD?

(If yes, in which subjects or areas)

B. FAMILY INFORMATION

Father/Guardian:

Name:

Age: Nationality: Occupation:

Designation: Phone No: Signature:

Office Address:

Residential Address:

Mother/Guardian:

Name:

Age: Nationality: Occupation:

Designation: Phone No: Signature:

Office Address:

Residential Address:

Preferred Phone Number for School Whatsapp Group:

Emergency Contact No. (Res/Mobile)

Name of the person to be contacted

Relationship

Phone No: Signature:

OF PARENT/GUARDIAN RESPONSIBLE FOR PAYMENT

C. ENCLOSURES

| | | | OFFICIAL |
|---------|---|----------------------|--------------------------|
| Result: | Primary School Leaving Certificate | - For All JS Classes | <input type="checkbox"/> |
| | Last Class Result | - For All JS Classes | <input type="checkbox"/> |
| | JSCE Result | - For All SS Classes | <input type="checkbox"/> |
| | Last Class Result | - For All SS Classes | <input type="checkbox"/> |
| | Birth Certificate | | <input type="checkbox"/> |
| | Transfer Certificate/Letter of Clearance from Previous School | | <input type="checkbox"/> |
| | Passport Size photos of Parents (1 copy each) | | <input type="checkbox"/> |
| | Passport size of photo of child (1 copy each) | | <input type="checkbox"/> |
| | Blood Group and Genotype Report | | <input type="checkbox"/> |
| | NIN | | <input type="checkbox"/> |

The photocopies of the above documents must be produced along with the filled application form. No child is allowed to commence learning without proper submission of this form, purchase of necessary books and payment of fees.

D. DECLARATION BY THE PARENT/GUARDIAN

I undertake and agree to pay each term's fees in advance and also agree to comply with all conditions stipulated in the school prospectus which I have read carefully with full understanding. I admit the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements/information provided in this application are correct to my best knowledge and if found otherwise, I shall abide by the decision of the Management. I agree to abide by the rules and regulations and the fee structure of the School.

Date:

Signature of Parent/Guardian:

FOR HAPA COLLEGE OFFICE USE ONLY

Admission Co-ordinator:.....

.....Date:.....

Head of Institution:.....

.....Date:.....