

Raising a crop of children
who will be morally upright,
academically excellent and
globally relevant.

AGAPE ACADEMY

Admission Form



AGAPE ACADEMY



APPLICATION NO:.....

ADMISSION FORM

FOR 2023/2024 SESSION

Affix
Passport
Photograph

PERSONAL DETAILS (Required for School Enrolment)

| | | | |
|-------------------------------|--------------------------|------------------|--|
| SURNAME | | FIRSTNAME | |
| (Please tick appropriate box) | | | |
| MIDDLE NAME | | RELIGION | <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Others |
| ADDRESS | | | |
| HOME TOWN | | STATE OF ORIGIN | |
| | | LGA OF ORIGIN | |
| DATE OF BIRTH | <i>format dd/mm/yyyy</i> | COUNTRY OF BIRTH | |
| NATIONALITY | | GENDER | <input type="checkbox"/> Female <input type="checkbox"/> Male (Please tick appropriate box) |
| BLOOD GROUP | | GENOTYPE | |
| | | ALLERGY | |

PARENT/GUARDIAN I DETAILS

| | | | |
|-------------------------------|--|-----------------------|--|
| SURNAME | | OTHERNAMES | |
| (Please tick appropriate box) | | | |
| OCCUPATION | | RELATIONSHIP TO CHILD | |
| ADDRESS | | | |
| PHONE 1 | | PHONE 2 | |
| EMAIL | | | |

Affix
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PARENT/GUARDIAN II DETAILS

| | | | |
|-------------------------------|--|-----------------------|--|
| SURNAME | | OTHERNAMES | |
| (Please tick appropriate box) | | | |
| OCCUPATION | | RELATIONSHIP TO CHILD | |
| ADDRESS | | | |
| PHONE 1 | | PHONE 2 | |
| EMAIL | | | |

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The information provided on this form is Confidential
and will be retained and used only for administrative purpose by the school



ADMISSION FORM for _____ SESSION

GENERAL HEALTH INFORMATION

ANY SPECIAL NEED/PHYSICAL CHALLENGE?

Yes

☐

No

☐

(Please tick appropriate box)

If Yes, Please
give details

ANY MEDICAL CONDITIONS?

Yes

☐

No

☐

(Please tick appropriate box)

If Yes, Please
give details

EMERGENCY CONTACT DETAILS

FULLNAME

(Please tick appropriate box)

PHONE

RELATIONSHIP TO CHILD

ADDRESS