



OGO-OLUWA

GROUP OF SCHOOLS

EMURE-I LE, OWO, ONDO STATE

THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL BEFORE OR ON THE EXAMINATION DATE

PASSPORT

ADMISSION FORM

Full Name:

Surname:

Other Names:

Date of Birth:

(dd-mm-yy)

Sex:

Nationality:

State:

L.G.A / Town:

Phone:

Branch: Emure Campus ☐

Uso Campus ☐

Section: Pre-Primary ☐

Primary ☐

Secondary ☐

School: Day School ☐

Boarding School ☐

Present School: Class:

Class Apply For in Our School:

GUARDIAN'S INFORMATION

Guardians' Type:

(Parent, Uncle, Aunty, Non-family)

Guardians' Name:

Guardians' Phone:

Guardians' Email:

Guardians' Occupation:

Guardians' Permanent Address:

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Signature of Parent

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Signature of Candidate