



Olumawu School

PRE SCHOOL

BASIC EDUCATION

COLLEGE

A Quest for Head Start Education in Service to God and Humanity

92 Adetokunbo Ademola Crescent, Wuse II, Abuja
0705 7153 104, 0803 3113 304, 0703 260 8988
admissions@olumawu.org.ng, www.olumawu.org.ng

APPLICATION FORM

No.:

INSTRUCTIONS

1. This form should be filled in capital letters.
2. Completed applications form should be returned to the Admission's Office on or before the appointed test date with the following: 2 passport photograph, Photocopy of birth certificate, last result from previous school, a transfer certificate and JSCE result (if applicable).
3. Candidates should bring along the following on the examination day: pencil, pen, sharpener, eraser and a ruler.

ADMISSION

Please tick as appropriate

Junior Secondary School

Day

Senior Secondary School

Boarding

Class Applying to: _____

Passport
Photograph
(2 copies)

APPLICANT'S DETAILS

1. NAME: _____
SURNAME FIRST NAME OTHER NAMES

2. GENDER: _____ 3. DATE OF BIRTH: _____ 4. PLACE OF BIRTH: _____

5. STATE OF ORIGIN: _____ 6. L.G.A.: _____

7. NATIONALITY: _____ 8. RELIGION: _____

9. SPECIALLY ABLED: YES NO IF YES, PLEASE DESCRIBE: _____

LAST SCHOOLS ATTENDED

SCHOOLS	ADDRESS	PERIOD	CLASS
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

APPLICANT'S MEDICAL INFORMATION

1. GENOTYPE: _____ BLOOD GROUP: _____

2. DO YOU HAVE ANY ALLERGIES? YES NO IF YES PLEASE DESCRIBE: _____

3. DO YOU HAVE ANY SPECIAL MEDICAL CONDITION (ASTHMA, DIABETES, ETC.)? YES NO

4. EMERGENCY TELEPHONE NUMBER(S): _____

PARENT/GUARDIAN INFORMATION

FATHERS' NAME: _____

OCCUPATION: _____ PLACE OF WORK: _____

HOME ADDRESS: _____

CITY/TOWN: _____ STATE: _____ DISTRICT (FOR FCT) _____

OFFICE ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

MOTHER'S NAME: _____

OCCUPATION: _____ PLACE OF WORK: _____

HOME ADDRESS: _____

CITY/TOWN: _____ STATE: _____ DISTRICT (FOR FCT) _____

OFFICE ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

GUARDIAN (IF GUARDIAN SHALL BE RESPONSIBLE FOR THE CHILD)

NAME: _____

OCCUPATION: _____ PLACE OF WORK: _____

HOME ADDRESS: _____

OFFICE ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ STATE: _____ DISTRICT (FOR FCT) _____

PARENT/GUARDIAN'S SIGNATURE

DATE

HOW DID YOU GET TO KNOW ABOUT OLUMAWU SCHOOL? (Please Tick)

A) School Website B) Friend _____ (Name) C) Relative _____ (Name)

D) Email E) Internet/Social Media F) Office/Work/Business G) Staff of Olumawu School _____ (Name)

H) Others (please indicate) _____

FOR OFFICIAL USE

ADMISSION No.: _____

DATE: _____

CLASS: _____

APPLICATION No.: _____

SESSION: _____

EXAMINATION CENTRE: _____

ENTRANCE EXAM SCORE:

1. _____

2. _____

3. _____

4. _____

5. _____