



# 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 application form should be returned to the Admission office on or before the appointed test date with the following: 2 passport photographs, a 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.

Passport  
Photograph  
(2 copies)

### ADMISSION

Please tick as appropriate

Junior Secondary School

Day

Senior Secondary School

Boarding

Class Applying to: \_\_\_\_\_

### 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

SCHOOL	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. \_\_\_\_\_