



مدرسة السعدية النموذجية

**SADIYYAH MODEL SCHOOLS**

**NURSERY • PRIMARY • COLLEGE • CO-EDUCATIONAL**

1, Lai Oyeduntan Close, Off Estate/Baba B/Stops, Akute Road, Alagbole, Via Ojodu Berger, Lagos.

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## ENTRANCE EXAMINATION / ADMISSION FORM

CLASS APPLIED FOR:  DAY:  BOARDING:  SESSION:

### STUDENT'S INFORMATION

Surname  First Name  Other Names

Age:  Date of Birth:  DD  MM  YYYY  Gender: Male:  Female:

### PREVIOUS SCHOOL (S) ATTENDED

	Name of School (s)	Address	Class Completed	Period of Study
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### HEALTH STATUS

Any special health conditions? Yes:  No:  (If yes, please specify)

### PARENT/GUARDIAN'S INFORMATION:

PARENT:  GUARDIAN:

Full Names	<input type="text"/>		
Contact / Mailing Address	<input type="text"/>		
Email Address	<input type="text"/>		
Phone No. (s)	<input type="text"/>		
Place of Origin	State: <input type="text"/>	L.G.A.: <input type="text"/>	Town/City: <input type="text"/>
Profession / Occupation	<input type="text"/>		
Religion	<input type="text"/>		
Current Residential Address	<input type="text"/>		
Mother's Particulars	Name: <input type="text"/>	Phone No.: <input type="text"/>	<input type="text"/>

I DECLARE THAT THE INFORMATION PROVIDED HEREIN ARE TRUE IN ALL RESPECTS AND REQUEST THAT YOU CONSIDER MY CHILD/WARD FOR ADMISSION IN YOUR SCHOOL.

Name:  Signature:  Date:

Form should be filled and returned promptly to the Administration Office.