



APPLICATION FOR ADMISSION

Affix Two Passport
Photographs

CANDIDATE'S PROFILE

Surname: _____ Other names: _____

Gender: Male / Female _____ Date of Birth (dd/mm/yyyy): ____ / ____ / ____

Nationality: _____ State of Origin: _____

LGA: _____ Home Town: _____

Residential Address: _____

Religion: _____ Class for Which Admission Is Sought: _____

Previous Schools Attended

Name of School	Address of School	Head teacher	School Telephone

Present Class: _____ Club or Activities involved in previous school: _____

FATHER'S PROFILE

Surname: _____ Other Names: _____

Occupation: _____ Telephone: _____ Email: _____

Home Address: _____

MOTHER'S PROFILE

Surname: _____ Other Names: _____

Occupation: _____ Telephone: _____ Email: _____

Home Address: _____

GUARDIAN'S PROFILE (IF OTHER THAN FATHER AND MOTHER)

Surname: _____ Other Names: _____

Occupation: _____ Telephone: _____ Email: _____

Home Address: _____

Guardian's relationship to candidate: _____

CANDIDATE MEDICAL HISTORY (PLEASE ATTACH MEDICAL REPORT)

Do you have any form of disability (e.g sight problem, hearing problem, chest/heart problem, Sickle Cell Anemia): _____

Food allergy _____ Record of infection diseases _____

Blood group: _____ genotype: _____

Required Documents: Please attach the following documents with the application form for submission.

1. Birth certificate
2. Medical Report/Genotype record
3. Record of vaccinations or immunizations
4. Two (2) recent passport size photograph of the candidate
5. One (1) passport photograph of both Parents/Guardian

DECLARATION I Hereby declare that the information supplied above is true to the best of my knowledge. I also promise to abide by the school rules and regulation if my ward (s) is admitted into the school.

Signature of Parent/Guardian Date _____

How did you get to know this school? Television Radio Handbills Banners Newspaper Referral Others (specify) _____**OFFICE USE****Marks Scored**Literacy Numeracy Qualified Not Qualified

Class Admitted _____ Date of Admission _____

Admission office _____ Signature/Date _____

NB (Important Notice);

For questions or enquiries regarding this form, please contact the Admissions Office through any of the following:

Email:

info@obhschools.com
obhschools000@gmail.com

Phone:

0806 337 2567
0806 356 5735