



## 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.comPhone:  
0806 337 2567  
0806 356 5735