



THE NEW COVENANT BAPTIST ACADEMY

Application Form for Admission into Primary School

BIO-DATA

Name of Candidate (surname first):

Gender: Male

Female

Age:

Date of Birth:

Parent's/Guardian's Name:

Residential Address:

Phone No:

E-mail Address

Hometown:

L.G.A:

State of Origin:

Nationality:

Position of Child in the Family
(tick appropriately)

1st

2nd

3rd

4th

5th

6th

SPONSOR'S DETAILS

Name of Sponsor (surname first):

Residential Address:

Relationship:

Occupation:

Office Name:

Address

Phone No:

E-mail Address

Hometown:

L.G.A:

State of Origin:

Nationality:

Religion:

Denomination:

EDUCATIONAL BACKGROUND**Previous School Attended:**

1.

2.

3.

4.

Last Class attended

New Class (*class intended to join now*):**PLEASE NOTE:**

You are to bring along:

1. A copy of your child's last report card.
2. 4 copies of recent passport photographs

ACADEMIC RECORD**PLEASE TICK**Ability to Read: Excellent Very Good Good Fair Handwriting: Excellent Very Good Good Fair Computer Literacy: Yes No Languages:

Interests:

MEDICAL RECORDIs the applicant taking any medication on a regular basis? Yes No

If Yes Specify

Does the applicant have a physical health problem of which the school should be aware of?

Yes

No

If yes, please specify

Has the applicant ever undergone any Surgical Operation?

Yes

No

If yes, state the year and type of operation and attach Surgical Report.

Any eye problem?

Yes

No

Any ear, nose and throat problem?

Yes

No

Any other infirmity or allergy?

Yes

No

Is the Child saved?

Yes

No

If yes, when?

Parent/Guardian: Please explain why you wish to enroll this child in The New Covenant Baptist Academy?

Transportation:

School Bus

Private Transport

Declaration: I _____ hereby attest that every information provided in this form is correct and or without any error.

Sign:

Date:

D

D

Y

Y

OFFICIAL USE ONLY



THE NEW COVENANT BAPTIST ACADEMY



Application Form for Admission into Secondary School

BIO-DATA

Name of Candidate (surname first):

Gender: Male Female

Age:

Date of Birth:

Parent's/Guardian's Name:

Residential Address:

Phone No:

E-mail Address

Hometown:

L.G.A:

State of Origin:

Nationality:

Position of Child in the Family
(tick appropriately)

1st

2nd

3rd

4th

5th

6th

SPONSOR'S DETAILS

Name of Sponsor (surname first):

Residential Address:

Relationship:

Occupation:

Office Name:

Address:

Phone No:

E-mail Address

Hometown:

L.G.A:

State of Origin:

Nationality:

Religion:

Denomination:

EDUCATIONAL BACKGROUND OF CANDIDATE

Previous Schools Attended:

1.

2.

3.

4.

Last Class Attended:

New Class (*class intended to join now*):

TO BE COMPLETED BY APPLICANT INTO THE BOARDING HOUSE

Have you ever lived away from home?

Yes

No

If yes, for how long?

Less than a week

Less than a month

Less than a year

Over a year

Write freely your expectations in the Boarding House (*what you will like to see*)

PLEASE NOTE:

You are to bring along:

1. A copy of your child's last report card.
2. 4 copies of recent passport photographs

ACADEMIC RECORD

Please Tick

Ability to Read: Excellent Very Good Good Fair

Handwriting: Excellent Very Good Good Fair

Computer Literacy: Yes No Languages:

Interest:

MEDICAL RECORD

Please Tick

Is the applicant taking any medication on a regular basis? Yes No

If Yes Specify

Does the applicant have a physical health problem of which the school should be aware of? Yes No

If yes, please specify

Has the applicant ever undergone any Surgical Operation? Yes No

If yes, state the year and type of operation and attach Surgical Report.

Any eye problem? Yes No

Any ear, nose and throat problem? Yes No

Any other infirmity or allergy? Yes No

Is the Child saved? Yes No

If yes, when?

Parent/Guardian: Please explain why you wish to enroll this child in The New Covenant Baptist Academy?

Transportation: School Bus Private Transport

Declaration: I _____ hereby attest that every information provided in this form is correct and or without any error.

Sign:

Date:

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THE NEW COVENANT BAPTIST ACADEMY

Application Form for Admission into Creche/Nursery

APPLICANT'S INFORMATION

Name of Candidate (surname first):

Gender: Male

Female

Age:

Date of Birth:

PREVIOUS SCHOOL ATTENDED:

1.

2.

3.

4.

Languages:

Last Class attended

New Class (class intended to join now):

PARENT'S/GUARDIAN'S DATA

Name of Sponsor (surname first):

Residential Address:

Father's Occupation:

Mother's Occupation:

Office Name:

Address:

Phone No:

E-mail Address

Hometown:

L.G.A:

State of Origin:

Nationality:

Religion:

Denomination:

Marital Status: Married

Divorced

Widowed

Single Parent

**AUTHORISED PERSON TO PICK THE CHILD AFTER CLOSURE
(MUST BE ABOVE 14YRS OF AGE AND BE A RESPONSIBLE PERSON)**

Name: (surname first):

Address:

Relationship to Parents:

Phone:

Gender: Male

Female

MEDICAL DATA

Family Doctor's Name:

Phone:

Doctor's Office Address:

Any Allergy to food? Please mention

Any Allergy to drug? Please mention

What other medical concern should we be aware of?

Child blood group O+

B+

A+

AB+

O-

B-

A-

AB

Child genotype: AA

AS

SS

Immunization Status:

Hobbies:

Dislikes:

Does your Child has any other special requirement or needs?

Any other relevant information that you think will help us?

Parent/Guardian: Please explain why you wish to enroll this child in The New Covenant Baptist Academy?

CONTACT IN EMERGENCY

Name:

Relationship to child:

Phone: (Home)

(Work)

(Mobile)

Name:

Relationship to child:

Phone: (Home)

(Work)

(Mobile)

Transportation:

School Bus

Private Transport

PLEASE NOTE:

You are to bring along:

1. A copy of your child's last report card.
2. 4 copies of recent passport photographs

Declaration: I _____ hereby attest that every information provided in this form is correct and or without any error.

Sign:

Date:

D	D	M	M	Y	Y

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