



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 RECORD

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:

D

D

M

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Y

Y

Y

Y

[illegible]



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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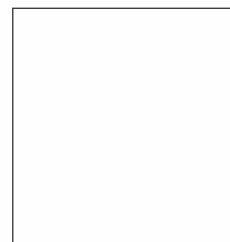
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OFFICIAL USE ONLY



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:

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