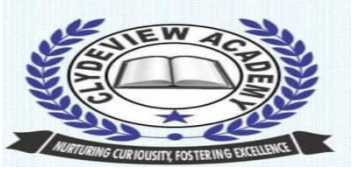

CLYDEVIEW ACADEMY

#32 Amadi Ejekwu street, Rumuagholu
PHONE: 09044440005, 09044440006
EMAIL: clydeviewacademy@yahoo.com

ADMISSION FORM

Please fill in block letters

THE LEARNER

SURNAME: ……

FIRST NAME: ……

OTHER NAMES: ……..

GENDER: Tick | Male | Female |

DATE OF BIRTH: ……

NATIONALITY: ……

STATE OF ORIGIN: ……..

LOCAL GOVERNMENT OF ORIGIN:……..

RELIGION: ……

FORMER SCHOOL: ……..

CURRENT CLASS: ……..

MEDICAL HISTORY: please indicate by ticking with a (√)

Is learner disabled? | YES | NO |

Does learner have any medical challenge? | YES | NO |

If yes, please specify ……..

……

FOR PARENTS/GUARDIAN

SURNAME: ……

FIRST NAME: ……..

OTHER NAMES: ……

NATIONALITY: ……

STATE OF ORIGIN: ……

LOCAL GOVERNMENT OF ORIGIN: ……

RESIDENTIAL ADDRESS: ……

FATHER'S MOBILE NO.: …….. **MOTHER'S MOBILE NO**.:……

FATHER'S EMAIL:…….. **MOTHER'S EMAIL:** ……