



# GOLDEN GRACE INTERNATIONAL SCHOOL

Nursery/Primary:  
2, Olatidoye Street, Oluwo Town, Onikolobo,  
Abeokuta, Ogun State, Nigeria. Tel: 08136450904,  
08178566028, 08059192674, 08083924266.

Secondary/Hotel:  
2 & 3, Ben Fakanbi Street, Oluwo Town, Onikolobo,  
Abeokuta, Ogun State, Nigeria. Tel: 08136450905,  
08178566029, 08059192675, 08083924267.  
e-mail: admin@goldengraceinternationalschool.com  
website: www.goldengraceinternationalschool.com

## ADMISSION FORM

Admission into (please indicate)

Nursery/Primary School

Secondary School

Candidate's Name (*in capital*): \_\_\_\_\_

Other Names: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth (*please enclose birth certificate*): \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Local Govt. Area: \_\_\_\_\_

State of Origin: \_\_\_\_\_

Nationality: \_\_\_\_\_

Name and Address of Parent/Guardian/Sponsor: \_\_\_\_\_

\_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Full Name and Address of Father: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Full name and address of Mother: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone number(s): \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Does the child suffer from any adverse health condition: Yes  No

Do you require hostel accommodation? Yes  No

How did you get to know about the school?

Through the Media  Recommendation from parents  Others (specify)

Signature of candidate: \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_ declare that the information given above is true and correct.

Signature of Parent/Guardian and Date: \_\_\_\_\_

**FOR TRANSFER CANDIDATE ONLY**

Name and address of present school: \_\_\_\_\_

Present class in school: \_\_\_\_\_

Class into which admission is being sought: \_\_\_\_\_

Subjects offered and results obtained in last examination

- |        |         |         |
|--------|---------|---------|
| 1..... | 6.....  | 11..... |
| 2..... | 7.....  | 12..... |
| 3..... | 8.....  | 13..... |
| 4..... | 9.....  | 14..... |
| 5..... | 10..... | 15..... |

Career in view: \_\_\_\_\_

Completed form is to be returned to the Head Instructor not later than two weeks after the date of purchase.

Closing Date: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Scores: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Class admitted into: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_

\_\_\_\_\_  
**Head Instructor**

\_\_\_\_\_  
**Bursar**

