



JOLICE MODEL SECONDARY

Old Benin Road, Ore. Ondo State. Nigeria.

APPLICATION FORM

ADM. NO
08037099087
07068907566
e-mail: keayhema@yahoo.com

PERSONAL DETAILS

Name: _____
Surname First Name Other Names

Sex: Male Female Age: _____ years

Date of Birth:

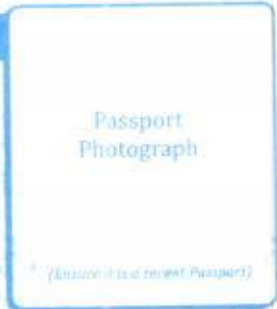
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 Religion: _____

Denomination: _____

Local Government Area: _____ State of Origin: _____

Nationality: _____



PARENTS'/GUARDIANS' PARTICULARS

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Address: _____ Address: _____

Address: _____ Address: _____

Mobile Number: _____ Mobile Number: _____

HEALTH DETAILS

Does Applicant have any Disability/Medical Condition? Yes No

If Yes, state the Condition(s) 1. _____

2. _____

CONTACT In Case of Emergency, please give us the following details

Mobile Number: (1) _____ (2) _____

Family Doctor: _____

Clinic/Address: _____

Please Tear Along this Strip

EXAMINATION SLIP

Name: _____
Surname First Name Other Names

Form Number: _____

Examination Date: _____

Examination Venue: School Hall



SCHOOL RECORD

1. *Have you been to any Secondary School before?*

Yes No

2. *If Yes, write the Name of the School:* _____

3. *Class last Passed:* _____

4. *Into what Class are you seeking Admission?* _____

NOTE:

- The School reserves the Right in consultation with the Parents, to determine the appropriate class for the applicant's maximum benefit.*
- Purchase of the form does not guarantee admission.*
- NO REFUND OF FEES AFTER PAYMENT.**

Signature of Parent/Guardian

Date:.....

FOR OFFICIAL USE ONLY

Remark: _____

Signature, Date & Stamp

Please include the following when returning the Forms.

- Photocopies of:**
- (1) Birth Certificate*
 - (2) Two (2) Recent Passport Photograph*
 - (3) A Copy of Testimonial*
 - (4) The last report card collected*