



EUCHARISTIC

HEART OF JESUS MODEL COLLEGE

IBONWON-EPE, LAGOS STATE

P. O. BOX 29, EPE. LAGOS STATE Phone No: 07015051045

APPLICATION FORM FOR ADMISSION INTO JUNIOR/SENIOR CLASSES

Form/Exam No: _____ Exam Centre: _____

1. Candidate's full Names (In Block Letters) _____

SURNAME

OTHER NAMES

Affix
Passport
Here

2. Date of Birth: _____ 3. Approximate Age: _____

4. School Last Attended (with Address) _____

5. Present Class: _____ 6. Class of which Admission is being sought: _____

7. Religion: _____ 8. Denomination: _____

9. Nationality: _____ 10. State of Origin: _____

11. Local Govt. Area: _____

12. Father's/Guardian's Name: _____

i. Occupation/Address: _____

ii Phone Number(s) _____

13. Mother's/Guardian's Name: _____

i. Occupation/Address: _____

ii Phone Number(s) _____

14. Residence/ Home Address: _____

15. Contact Address / Email: _____

16. Indicate any Medical Issue and Nature: _____

17. Parent's/Guardian's Signature/Date: _____

18. School Headteacher's Name: _____

Stamp
Signature/Date

.....*To be detached at the Exam Centre*.....

1 Name of Candidate (In Block Letter): _____

2 Form/Exam No: _____ 3 Examination Centre: _____

Affix
Passport
Here

