



# SACRED HEART CATHOLIC COLLEGE

P.O.Box 478 Ijebu-ode, Ogun State. Nigeria

Tel: 08055276642, 08061633911.

Attach  
Passport

## APPLICATION FORM FOR ADMISSION

Instruction: Please Fill All Fields And Check All Boxes As Appropriate To You

### BIO- DATA

Name: \_\_\_\_\_

Date Of Birth

Date

Month

Year

Gender (male)

(Female)

Position In Family \_\_\_\_\_

State Of Origin \_\_\_\_\_

Home Town \_\_\_\_\_

L.G.A \_\_\_\_\_

### ACADEMIC INFORMATION

School Last Attended \_\_\_\_\_

Present Class \_\_\_\_\_

Head Teacher's Name \_\_\_\_\_

Admission Into (year 7/basic 7/ Jss1)

### FATHER'S DATA

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

### MOTHER'S DATA

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

### SPONSOR'S DATA

(where biological parents are not involved in the child's formation directly)

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

### ADDITIONAL INFORMATION

School Type (Day)

(Boarding)

Interest/Hobbies \_\_\_\_\_

Religion \_\_\_\_\_

Denomination \_\_\_\_\_

Physical Challenge(if Any) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Signature/Date \_\_\_\_\_



COMPLETE THE SLIP BELOW

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Examination Centre \_\_\_\_\_

Examination Number \_\_\_\_\_

Candidate's Name(in Block Letter) \_\_\_\_\_

Surname

Other Names

Date Of Examination \_\_\_\_\_

Time: 9:00am