

# NEW ERA HIGH SCHOOL, ILE-OLUJI

## ACCEPTANCE/PARTICULARS OF CANDIDATE'S FORM

Passport Photograph

1. Name in full: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
3. Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_
4. School Attended: \_\_\_\_\_  
\_\_\_\_\_
5. Class on Leaving: \_\_\_\_\_
6. State of Origin: \_\_\_\_\_ L.G.A: \_\_\_\_\_
7. Home Address: \_\_\_\_\_
8. Father's Name: \_\_\_\_\_
9. Father's Address and Phone No: \_\_\_\_\_  
\_\_\_\_\_
10. Father's Occupation: \_\_\_\_\_
11. Mother's Name: \_\_\_\_\_
12. Mother's Address and Phone No: \_\_\_\_\_  
\_\_\_\_\_
13. Mother's Occupation: \_\_\_\_\_
14. Name and Address of Guardian in Ile-Oluji (if parents are not in Ile-Oluji):  
\_\_\_\_\_
15. Relationship of Guardian to Student: \_\_\_\_\_
16. Guardian's Phone No: \_\_\_\_\_
17. If ward should be ill or injured while at school, I agreed that he/she should receive medical treatment from the nearest Government Medical Office if the Government Medical Officer should advise on immediate surgical operation, I authorize the principal to give Him/Her consent on my behalf.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature(s) of Parent/Guardian*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Principal*