



Queensland Academy

1-5 Ebem-Oha Street, Off Okota Rd., Isolo Lagos State.
Tel: 08033293480, 08037116570.
www.queenslandacademy.com
E-mail: info@queenslandacademy.com

ADMISSION FORM

Affix two recent
passport
photographs
here

Admission Form Number _____

*This application form is an important school document.
It should be completed and returned accompanied with
birth certificate to ADMISSION OFFICE of the school.*

SURNAME: _____

GIVEN NAMES: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

AGE: _____ RELIGION: _____

NATIONALITY: _____ STATE: _____

CLASS INTO WHICH ADMISSION IS SOUGHT: _____

Candidate Previous Class, Name of School and Address: _____

Previous School and Address (If any) _____

Please state source of introduction to the School _____

INFORMATION ON PARENTS

Name of Father in full: _____
(State title if any)

Home Address: _____

Telephone Number: _____ E-mail: _____

Occupation: _____ Nationality: _____

Business Address: _____

Name of Mother in full: _____
(State title if any)

Home Address: _____

Telephone Number: _____ E-mail: _____

Occupation: _____ Nationality: _____

Business Address: _____

Name of Guardian: _____
(State title if any)

Home Address: _____

Telephone Number: _____ E-mail: _____

Occupation: _____ Nationality: _____

Business Address: _____

DECLARATION BY STUDENT: I _____
(Student's name in full)

I declare that the information provided here, to the best of my knowledge, is correct and promise to abide by the rules of the school if admitted.

Usual Signature of Candidate _____ Date: _____

Signed (Parent or Guardian): _____ Date: _____

FOR OFFICIAL USE ONLY

Score in the entrance examination _____

Score in any other examination _____

Admitted/Not Admitted _____

Class: _____ School Admission Number _____

EXAMINATION SLIP

Admission Form Number _____
(This examination slip is to be detached and kept by candidate)

*Affix two recent
passport
photographs
here*

Name of Candidate: _____

Home Address: _____

Class to which admission is sought: _____

Examination Date: _____ Receipt Number _____

Venue: _____ Time: _____