



STAYBRIDGE INTERNATIONAL ACADEMY

187 IKOT-EKPENE ROAD, EHERE MARKET, OGBOR-HILL, ABA.



Application Form for Admission of Students

1. Name of Student _____
(surname First and other names)

2. Sex: _____

3. Date of Birth _____

4. Primary School Attended _____

5. Session: 20_____/20_____

6. Name of Head Teacher _____

7. Previous Class _____ (attach copy of 1st & 2nd term results)

8. Were You a Class Rep/Monitor/School Prefect or Captain? _____

If Yes, give details _____

9. Have you done the Primary School Leaving Assessment Test(PSLAT): _____

10. Have you attended a secondary school before? _____ If yes, state below the name of the school and class completed.

11. (i) Name of school: _____

(ii) Class completed: _____

(iii) Class into which admission is sought (Present Class):

12. (i) Blood Group: _____

(ii) Blood Genotype: _____

13. Chronic Illness (Yes/No) if yes, state the nature of illness _____

14. Local Govt. Area: _____

15. State of Origin: _____

16. Nationality: _____

SECTION B

1. Name of Parent/ Guardian: _____

2. Profession/ Occupation: _____

3. Postal Address: _____

4. Office Phone: _____

5. Residential Address: _____

6. Phone Number: _____

7. Religion: _____

8. Signature of Parent/ Guardian:

For office use only

1. Date obtained: _____

2. Date Submitted: _____

3. Receiving Officer's Name and Signature: _____
