

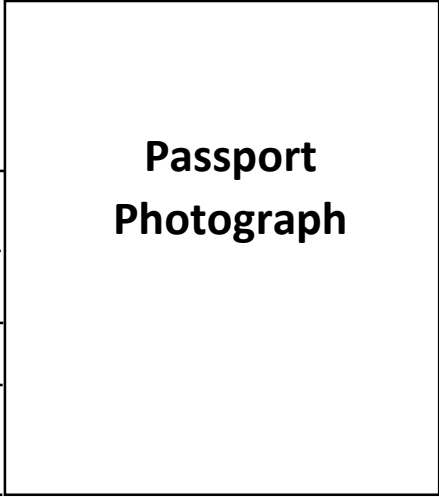
# ZION CHRISTIAN ACADEMY GROUP OF SCHOOLS

Along Ikoyi Road, Aje-Ikose Junction, P.O. Box 1526, Ogbomosho, Oyo State.

Motto: (Pro.22:6) "Train up a child in the way he should go; and when he is old he will not depart from it."

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## APPLICATION FORM ADMISSION



STUDENTS NAME: \_\_\_\_\_

OTHER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_

LOCAL GOVT. AREA: \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAMILY BACKGROUND:

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

MOBILE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EDUCATION WITH DATES:

HIGH SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

PLEASE CHECK ( ), IF ANY OF THE FOLLOWING APPLY:

WIDOWER: \_\_\_\_\_ DIVORCE: \_\_\_\_\_ REMARRIED: \_\_\_\_\_

FAMILY CHURCH:

**Does applicant attend church regularly and Sunday School? Yes/No**

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

PERSONAL DATA

BIRTH DATE	BIRTH PLACE	SEX	GRADE LAST ATTENDED	ANY GRADE REPEATED	ENTERING

NAME AND AGE OF BROTHER AND SISTER:

LIST CHRONOLOGICALLY ALL SCHOOL ATTENDED , INCLUDING MURSERY ,PRIMARY AND KINDERGARTEN			
DATE	GRADE	NAME OF SCHOOL	ADDRESS OF SCHOOL

Ever dismissed or suspended at any school?

\_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any physical disability? (speech, hearing, sight, heart condition, etc.)

\_\_\_\_\_ If yes, explain:

\_\_\_\_\_

FAMILY PHYSICAL: \_\_\_\_\_

PERSONAL RESPONSES: \_\_\_\_\_

Please comment on:

Any habits the child needs help in overcoming:

\_\_\_\_\_

The child's personality traits ( well behaved, poised, responsible congenial, reticent, temperamental, aggressive , domineering, fearful , etc.

Are you applying for the admission of all your children of our school age? Yes\_\_\_NO\_\_\_

FATHER: Are you a Christian?\_\_\_on what do you base your answer?\_\_\_\_\_

MOTHER: Are you a Christian?\_\_\_on what do you base your answer?\_\_\_\_\_

We desire to enroll this child in Zion Christian Academy Group of Schools because:\_\_\_\_\_

\_\_\_\_\_

in making this application , I understand that:

- I. My child will go on schedule field trip and other school activities
- II. The school has full discretion in the classroom discipline of my child, including corporal punishment
- III.The administration has full responsibility for placing my child in the proper grade
- IV.My cooperation is expected in (a) regular tuition payment (b) practical help (c) faithful prayer and (d) Special gifts (Since tuition does not cover all costs)
- v.The school reserves the right to dismiss any student who does not respect its spiritual standard or cooperate in the educational progress.
- vi.School official cannot be immediately reached.

**Signature of both parents preferred, one will be accepted**

Father:\_\_\_\_\_ Mother:\_\_\_\_\_

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

**PHYSICAL AUTHORIZATION:**

I \_\_\_\_\_do hereby authorized the physician in charge or any person he may designated to perform such procedures that be needed to administer medical aid to my child.

\_\_\_\_\_

Parent or Guardian signature & Date

Name	Address	Phone
Name	Address	Phone

Please check one:

I give school permission to administer over the counter medicine as needed for things such as:

\_\_\_\_\_Yes\_\_\_\_\_No