



APATA MEMORIAL HIGH SCHOOL
PLOT 36/42 GODWIN OMONUA STREET, IRE-AKARI ESTATE, ISOLO
P. M. B. 1139, MUSHIN LAGOS
TEL: 4521917, 4522717
E-Mail: admission@apatamemorialschool.com

Pupil's Passport
Size
Photograph

APPLICATION FORM No: - - - - -

Name of Student:

Home Address:

Date of birth:..... Sex:

Nationality: State:..... Tribe:

Religion:

Last School Attended:.....

Last/Present Class: Class Desired.....

Transfer Certificate (if any):.....

Parent's/Guardian's Name and Address:.....

Parents together/separated:..... Phone No:

I, hereby agree to pay for my Studies on the first day or at least in the first Week of each term and sanction the use of cane.

I, also agree to pay for any unlawful damage done to any properties belonging to the school and to obey all regulations leading to the Success of the Course. For that my Signature appeared below.

MEDICAL HISTORY OF THE PUPIL (..... Yes/No)

Deaf: Blind: Asmatic: Sickle Cell Disease:.....

Dump: Typhoid Fever: Skin Disease:

Disability: Mental: Physical

Student's Signature

Parent/Guardian Signature

School Stamp Signature & Date

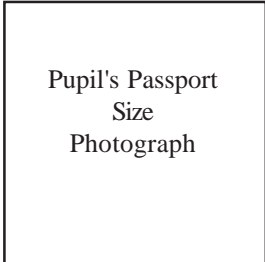
FOR OFFICIAL USE ONLY.

Date of Enrolment: Class Admitted to:.....

No on Admission Register: Date.....



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Pupil's Passport
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No: -----

Name of Student:

Paren'st/Guardian's Name and Address:.....

Present/Previous School:

Exam No:.....**Examination Date:**.....

NOTE: Bring along this SLIP to the Examination Hall.

School Stamp & Date