



# GRACELAND COLLEGE, ENUGU

Meg's Close, off Onoh Crescent G.R.A

Tel: 07033939801, 08079006402, 08074597668 Email: gracelandschoolsng@gmail.com

## ADMISSION FORM (01)

Affix your recent coloured passport photograph here

Academic Session

No 0002290

### CANDIDATE'S INFORMATION

Name: \_\_\_\_\_  
Surname First name Other name

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ State of Origin: \_\_\_\_\_

L.G.A.: \_\_\_\_\_ Religion: \_\_\_\_\_

Denomination: \_\_\_\_\_ Present Class: \_\_\_\_\_

Class for Admission: \_\_\_\_\_ Type of Admission: Day:  Boarding:

School Attended: \_\_\_\_\_

Hobbies: \_\_\_\_\_

### PARENTS' INFORMATION

Name of Father: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Name: of Mother: \_\_\_\_\_

Occupation: \_\_\_\_\_

### SPECIAL INFORMATION

If applicable, provide details of reports on any special education service.

Failure to disclose this information may adversely affect your child's progress.

History of health problems (Asthma, Allergies, Sickle Cell etc) \_\_\_\_\_

Specific weakness (If any) \_\_\_\_\_

Academic Strength (If any) \_\_\_\_\_

Special Talents (If any) \_\_\_\_\_

Signature of Parent/Guardian

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

Signature of Candidate

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

## GRACELAND COLLEGE, ENUGU

Meg's Close, off Onoh Crescent G.R.A

Tel: 07033939801, 08079006402, 08074597668 Email: gracelandschoolsng@gmail.com

### EXAMINATION SLIP

No 0002290

Exam Centre: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Class: \_\_\_\_\_ Class for Admission: \_\_\_\_\_

Affix your recent coloured passport photograph here

...Walk in the light

Please bring this Slip to the Examination Centre