



**EMERALD DAY
SECONDARY SCHOOL**
IFAKO-GBAGADA

APPLICATION FORM

AFFIX
RECENT
PASSPORT

APPLICATION NUMBER

STUDENT'S ADMISSION

(FILL IN BLOCK LETTERS)
SECTION A: INFORMATION ON STUDENT

PERSONAL DATA

Surname: _____

First Name: _____

Middle Name: _____

Date of Birth: _____ Gender: _____

Place of Birth: _____ Nationality: _____

State of Origin: _____ Local Govt: _____

Religion: _____

Present School: _____

Present Class: (encircle) Pry5 Pry6 JSS1 Others: _____

Any Special Skill/ability: (encircle) Music Arts Vocational Others: _____

Sports: (encircle) Soccer Basketball Volleyball Table Tennis Others: _____

Home Address: _____

Phone Number(s): _____

Email (if any): _____

HEALTH

Height: _____

Allergy: _____

SECTION B: INFORMATION ON PARENTS

FATHER

Surname: _____

Other Names: _____

Occupation: _____

Place of Work/address: _____

Designation: _____

Phone Number(s): _____

Email: _____

Signature of Father: _____ Date: _____

MOTHER

Surname: _____

Other Names: _____

Occupation: _____

Place of Work/Address: _____

Designation: _____

Phone Number(s): _____

Email: _____

Signature of Mother: _____ Date: _____

GUARDIAN (if any)

Surname: _____

Other Names: _____

Relationship with Guardian or Sponsor: _____

Contact Address: _____

Occupation & Phone Number(s): _____

Designation: _____

Email: _____

Signature of Guardian or Sponsor: _____ Date: _____

ATTESTATION BY PARENT: I certify that the above information is correct

Name: _____ Date: _____ Signature: _____

SECTION C: INFORMATION FROM APPLICANT'S PRESENT SCHOOL

Name of School: _____

Comment on Child: _____

ATTESTATION BY HEAD OF SCHOOL:

I certify that _____ is in my school and in class _____

and that the information given is correct to the best of my knowledge.

Name of Head of School

Signature and Stamp

(FOR OFFICIAL USE ONLY)

DBL Teller	Exam Score	Parent's Interview
PP Photo	Eng Gram	Mom
Birth Cert	Maths	Dad
Any other evidence of birth	GK	By Guardian
Prev Results IT 2T 3T	Eng. Comp	Remarks
Prev Results IT	Ave	Adms Letter Date
Talk/Presentation	Interview	Dispatched:
Mom	By	DLR:
Dad	Remark	By:

WHO REFERRED YOU TO THE SCHOOL?

Name: _____

Address: _____

Phone Number(s): _____

EMERALD DAY SECONDARY SCHOOL

Ifako-Gbagada, Lagos.
0902 575 1734, 0907 632 0193

**EMERALD NURSERY
& PRIMARY SCHOOL**

8/10, Olawale Daodu Street,
Ifako-Gbagada, Lagos.

LIAISON

Emerald Schools Liaison Office,
NSE Building, Last Floor,
1, Engineering Close, Off Churchgate Street,
Victoria Island, Lagos.

...raising role models