WEXFORD COLLEGE

First Gate, Oba-Ile Housing Estate, Oba-Ile,
Akure North Local Government, Ondo State.
Tel: 07068012177, 08159282549,
08129224898, 09092263065
www.wexfordcollege.com

ADMISSION FORM

Term: **Year:**

PARTICULARS OF STUDENT (IN BLOCK LETTERS)

1. **Full Name:**
   Surname **Other Names**
2. **Sex:** **Religion:**
3. **Date of Birth:**
   Day **Month** **Year** **Age**
4. **Home Address:**
5. **Poster Address:**
6. **State of Origin:** **L.G.A.:**
7. **Name of Previous School:** **Last Class:**
8. **Address of Previous School:**
9. **Class into which Admission is being sought:**
10. **Special interest and hobbies:**

PARTICULARS OF PARENT/GUARDIAN/SPONSOR

11. **PARENT/GUARDIAN/SPONSOR**
    FATHER

Name: **Occupation:**

Residential Address:

Tel: **E-mail:**

Relationship to Student: **Religion:**

Date & Signature:

11. **MOTHER**

Name:	**Occupation:**
Residential Address:	
Tel:	**E-mail:**
Relationship to Student:	**Religion:**
	Date & Signature:

MEDICAL INFORMATION

a. **Does your Child/Ward have Sickle Cell Anaemia?** **YES** ☐ **NO** ☐

b. **Has your Child/Ward any challenge associated with the following:**

Eye ☐ **Ear** ☐ **Nose Bleeding** ☐ **Asthma** ☐

c. **Has your Child/Ward been immunized against the following:**

1.	**Measles**	**YES** ☐	**NO** ☐
2.	**Whooping Cough**	**YES** ☐	**NO** ☐
3.	**Polio**	**YES** ☐	**NO** ☐
4.	**Tetanus**	**YES** ☐	**NO** ☐
5.	**Tuberculosis**	**YES** ☐	**NO** ☐

In case of medical emergency, do you permit us to take your child to the School's Clinic/Doctor?

YES ☐ **NO** ☐

d. **Family Doctor:**

Address:

Mobile Phone:

GENERAL:

Any peculiar information about child which you believe would be useful to the school, if confidentiality is required, please see the Principal, otherwise indicate below

DECLARATION:

I _____ confirm that the information given above is correct and that I am willing to pay the school fees and obey all School rules and regulations as instructed by the school authority.

Signature **Relationship**

FOR OFFICIAL USE ONLY

Examination/Interview Score:		
Remarks (Head Teacher):		
Date Admitted:		
Deposit Paid	Full Payment:	Balance

PARTICULARS SUBMITTED

1. Three current passport photographs:
2. Record from previous School
3. Other documents (Birth Certificate, Immunization Record etc):

ENQUIRY:

Principal: 07038983428

www.wexfordcollege.com