



AL-WAQT SCIENCE ACADEMY

DAY AND BOARDING

7, Adeoye Street, Alhaja Mosunmola Bus Stop, Igbo - Olomu , Agric, Ikorodu, Lagos State.
Tel: 08055314523, 08181036606, 08093932211 E-mail: alwaqtschool@gmail.com

APPLICATION FORM

Name of pupil: _____
Surname First Name Middle Name

Date of Birth: _____ Age: _____ Sex : _____

State of Origin: _____

Local Govt. Area : _____

Nationality: _____

Name of School Attended (primary): _____

PARENT/GUARDIAN

Name: _____

Address: _____

Phone Numbers: _____ Occupation : _____

Office Address: _____

Do you want Hostel Accommodation for your child: Yes No:

E-mail: _____

Applicant's Signature: _____

Date : _____

DECLARATION :

I _____ certify that all the information in this application form is true and correct in respect of my child/ward and I promise to cooperate with the school authority regarding all the rules and regulations and to fulfill all my obligations to the school as at when due.

FOR OFFICIAL USE ONLY

Date admitted Result of last class passed

Class admitted to :

REQUIREMENTS : (if completely submitted , tick appropriate box)

Complete Application form : Yes No

Photocopy of Birth Certificate: Yes No

Passport Photograph :

Yes

No