

LINDENGATES ACADEMY

ADMISSION FORM

CHILD'S DATA	BEFOR STUDENS	BASH 168.	
SURNAME:			
OTHER NAMES:			
DATE OF BIRTH:			PLEASE, AFFIX
STATE OF ORIGIN:			CHILD'S RECENT
LOCAL GOVERNMENT AREA:			PASSPORT
RELIGION:	The same of the sa		PASSPORT
PREVIOUS SCHOOL:			
LAST CLASS: (Pls. attach a photocopy of	last academic report)		
CLASS APPLIED FOR:			
CHILD'S BLOOD GROUP:	DISA	ABILITY:	
ALLERGIES:			
			The state of the s
CARALLY INICODREATION			
NAME OF FATHER:			
OFFICE ADDRESS:			
RESIDENTIAL ADDRESS:	transferration than a series will be a series of the series of		
MOBILE NUMBER:		OFFICE PHONE NO:	
EMAIL:			
FAMILY DOCTOR'S NAME:			
HOSPITAL ADDRESS & PHONE NO	: <u></u>	***************************************	
NAME OF MOTHER:			
OFFICE ADDRESS:			
RESIDENTIAL ADDRESS:			
MOBILE NUMBER:		OFFICE PHONE NO:	
NAME OF GUARDIAN:			
OFFICE ADDRESS:			
RESIDENTIAL ADDRESS:			
MOBILE NUMBER:		OFFICE PHONE NO:	
MAIL:	Anna Anna Anna Anna Anna Anna Anna Anna		
(Please attach a	a copy of child's inoculation records, l	ast academic report an	d Birth Certificate)
ather's signature & date	Mother's signature & da	te	Guardian's signature & date
	FOR OFFICIAL USE ONLY		
NAME:			
LASS:			
MATH:ENG.:	SCI./GEN P	TOTAL:	AV.:
ADMISSION OFFERED? YES	NO		
ADDITIONAL COMMENTS:	-		
Eneka Link Road, Rumuowha, Poi	rt Harcourt, Nigeria	nfo@lindengatesac	ademy.com

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Info@lindengatesacademy.com +234-809 136 8888, +234-809 152 4444

ADMISSION FORM ANNEXURE

Dogunation (Mam)	Date of Diethy		
Occupation (Mom) :			
Occupation (Dad):	Date of Birth:	***************************************	
PLEASE, AFFIX		PLEASE, AFFIX	
DAD'S RECENT		MOM'S RECENT	
PASSPORT		PASSPORT	
How did you hear about Lindengate	es Academy?		
indepostes has discounts for refe	errals. Kindly give the full name and c	ontacts of persons whom you	
hay be interested in Lindengates A	cademy.		
1. Name:	Phone No.	:	
	Relationship to you:		
	Phone No:		
2. Name:	Phone No):	
Email:	FHORE INC	hip to you:	
Email: lease indicate the name of person	Relations	hip to you:n school and attach his/her pa	
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Email: lease indicate the name of personation. PLEASE, AFFIX RECENT PASSPORT OF AUTHORIZED PERSON IF NOT DAD OR MOM mild's Medical History oes your child have any of these has Allergies d. Accidents/operation	Relations n authorized to collect your ward from health conditions? This must be completed. b. Sickle cell	PLEASE, AFFIX RECENT PASSPORT OF AUTHORIZED PERSON IF NOT DAD OR MOM eted as accurately as possiblec. Asthma	