



# HIS GRACE SCHOOLS

(Crèche, Nursery, Primary & Secondary)

No 10, Oke-Ode Close, Beside Kwara State High Court of Justice G.R.A., Ilorin.  
Behind Onward Fishreis, Old Jebba Road, Oyun, Ilorin, Kwara State  
Off. Ero-Omo, behind Otitolaju Multipurpose Cooperative, Offa Garage, Ilorin.  
Beside Atidade Super Market Olorunshogo, Onikanga, Gaa Akanbi, Ilorin, Kwara State.  
No 22, Orisunmibare Street, behind Ministry of Agric, Ilorin, Kwara State.

**Tel :** 08185648398, 08034544400

**Website:** [www.hisgraceschools.com](http://www.hisgraceschools.com)

**E-Mail:** [primaryinfo@hisgraceschools.com](mailto:primaryinfo@hisgraceschools.com), [headteacher@hisgraceschools.com](mailto:headteacher@hisgraceschools.com),

## ADMISSION FORM

SURNAME: \_\_\_\_\_  
OTHER NAMES: \_\_\_\_\_  
(IN BLOCK LETTERS)  
DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_  
(DAY MONTH YEAR)  
STATE OF ORIGIN: \_\_\_\_\_ LOCAL GOVT: \_\_\_\_\_  
FATHER'S NAME: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ OFFICE ADDRESS \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
MOBILE TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
OFFICE TELEPHONE: \_\_\_\_\_  
MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_  
MOBILE TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_

Passport

### RECORD OF SCHOOLS ATTENDED WITH DATES

I. \_\_\_\_\_  
II. \_\_\_\_\_

A COPY OF BIRTH CERTIFICATE \_\_\_\_\_

RECORD OF VACCINATIONS OR IMMUNISATIONS ( ✓ Tick appropriately)

Pollo  Tetanus  Whooping Cough  Diphtheria  Small Pox  Measles  Yellow Fever  Cholera  RECORD  
OF INFECTIOUS DISEASE (IF ANY) \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

### UNDERTAKING:

I undertake and agree to pay each term's or year's fees in advance and also agree to comply with all conditions stipulated in your school prospectus which I have read carefully with full understanding.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Candidate