



MERCYLAND

INTERNATIONAL NUR. & PRY SCHOOL

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Affix A
Passport
Photograph
Here

PLEASE COMPLETE IN BLOCK LETTERS

1. Surname: _____
2. Other Names: _____
3. Date of Birth: _____ Place of Birth: _____ Age: _____
4. Sex: _____ Nationality: _____
5. Last School Attended: _____
6. Address of Last School: _____
7. Last Class/Standard Attained: _____
8. Class Applying For: _____
9. Boarding Please Day Please
Student Tick Student Tick
- 10.(a). Parent/Guardian's Name: _____
- (b). Occupation: _____
- (c). (i) Address (Residential): _____
(ii) Office/Business Address: _____
- (d). Telephone No/E-mail Address: _____
- (e). Relationship: _____
11. Medical Conditions or Allergic/Any Special Need (If applicable) _____

NOTE: Medical Examinations is compulsory for record purpose only. Test result will be given to Parents and strictly confidential.

Candidate's Signature _____ Parent's/Guradian's Signature _____

Headmaster's Signature
FOR OFFICIAL USE ONLY

Exam Result _____ Scores _____
Interview Result _____ Scores _____
Class Admitted _____ Date of Admission _____

EXAMINATION SLIP

School Name: _____ **Intended Class:** _____
Form/Exam No: _____
Surname: _____ Other Names: _____

HEADMASTER'S SIGNATURE