



MERCYLAND INTERNATIONAL COLLEGE

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PLEASE COMPLETE IN BLOCK LETTERS

Affix A
Passport
Photograph
Here

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 _____

Principal'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: _____

PRINCIPAL'S SIGNATURE