



# MERCYLAND

## INTERNATIONAL NUR. & PRY SCHOOL

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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 \_\_\_\_\_

\_\_\_\_\_  
Headmaster's Signature  
**FOR OFFICIAL USE ONLY**

Exam Result \_\_\_\_\_  
Interview Result \_\_\_\_\_  
Class Admitted \_\_\_\_\_

Scores \_\_\_\_\_  
Scores \_\_\_\_\_  
Date of Admission \_\_\_\_\_

### **EXAMINATION SLIP**

**School Name:** \_\_\_\_\_ **Intended Class:** \_\_\_\_\_

Form/Exam No: \_\_\_\_\_

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

\_\_\_\_\_  
HEADMASTER'S SIGNATURE