



BISHOP INTERNATIONAL ACADEMY

EXCELLENCY, INDUSTRY, CHARACTER.

CRECHE, NURSERY, BASIC, COLLEGE.

Zone 2, Maryland Avenue, off Ilupeju Avenue, Ado-Ekiti. ☎ 07035666555, 08143426055

SESSION: _____

ADMISSION FORM

PASSPORT

PUPIL'S PERSONAL INFORMATION

NAME _____

Date of Birth _____

Sex _____

Age _____

Religion _____

Town of Origin _____

Local Govt. Area _____

State of Origin _____

Nationality _____

Language(s) Spoken (1) _____

(2) _____

Present Class _____

Class into which Admission is sought _____

Name of last school attended _____

Health Challenge (if any) _____

PARENT'S / GUARDIAN'S INFORMATION

Parent's / Guardian's Name _____

Parent's / Guardian's Occupation _____

Office Address _____

Telephone Number _____

Email Address _____

Any medical ailment? _____

Allergy to? _____

I/We sincerely declare that the information supplied herein is true and correct, so help me God.

Parent's / Guardian's Signature _____

Date: _____

FOR OFFICE USE ONLY

1. Performance at entrance examination _____

2. Performance at interview _____

3. Provisional Admission (Granted/Not Granted) _____

4. Class to which admitted to _____

5. Other comments _____

Head Teacher's signature _____

Date _____