

APPLICATION FOR ADMISSION

SECTION A

1. Student's Personal Information

Title (Mr/Miss):
Surname:
First Name:
Middle Name:
State of Origin/ L.G.A:
Country of birth:
Date of birth (dd/mm/yy):

2. Contact Details

Permanent Home Address:
Mobile No.(s):
Fax:
E-mail:

SECTION B

Details of Parent/Guardian

Name:
Relationship to student:
Occupation:
Permanent Home Address:
Mobile No.(s) :
Office Telephone:
Fax:
E-mail:

SECTION C

1. Educational Background

S/N	Schools Attended	from	to
1			
2			
3			

2. Subject Details

O-Level Subjects	Year	Exam Taken	Grades

A-Level Subjects	Year	Exam Taken	Grades

SECTION D

Entry Requirements:

Students must have a minimum of 5 credits at O-Level, including English and Mathematics.

Please attach transcripts.

SECTION E

1. Preferred Course of Study

University Foundation Programme (UFP) 1year.	<input type="checkbox"/>
Traditional Cambridge A-Level (2 years).	<input type="checkbox"/>
IGCSE O-Level (Cambridge)	<input type="checkbox"/>
SAT / TOEFL	<input type="checkbox"/>
GMAT / GRE	<input type="checkbox"/>
LANGUAGE LESSONS	<input type="checkbox"/>

2. Subjects

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.

SECTION F

Career Prospects (In order of preference)

1
2
3

SECTION G Medical Information

(Attach Medical Report)

Do you have any medical condition?

Yes No

Please give details of any medical disabilities or allergies that require attention or notification and any prescribed medicine(s) taken on a regular basis.

1
2

SECTION H - Declaration

Student: I undertake to be of good of behaviour and to obey all rules and regulations as stated in the students' guidelines / terms and condition of the school.

Signature /Date:

Parents: I approve this application and undertake to be responsible for the payment of all fees in respect thereof on due dates.

Signature /Date:

SECTION I

How did you find out about EDGEWOOD COLLEGE?
Please check the appropriate box.

- | | |
|--|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> Media |
| <input type="checkbox"/> Exhibition | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Edgewood Website | <input type="checkbox"/> Tele-Marketing |
| <input type="checkbox"/> School/Church Visit | <input type="checkbox"/> Flyers/Banners |

SECTION J

Referees: (Principal of former school)
(Attach reference letter)

Name:
Address:
Phone:

CHECKLIST

Have you:

Y	N	
		Completed all sections of the application form?
		Attached a copy of your last results?
		Attached your academic transcript?
		Attached a copy of your birth certificate?
		Attached a medical report?
		Included your academic reference letter?
		Attached two recent passport photographs?

For Official Use only

Acceptance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conditions (If any):		
Entrance Exam:		
Interview Date:		
Result/Transcript Seen:		
Birth Certificate:		
Medical Report :		
Academic Reference:		
Receipt No. Of Application Form:		
Admission Officer(s):		

ACCEPT	COURSE	BOARDING/DAY	COMMENT