

COVENANT SECONDARY ACADEMY

(Co-educational Secondary, Nur/Pry School)

Opp. Federal Housing Estate, Afao Road, Ado - Ekiti
08035365853, 08033894579

		853, 08033894579	AUO - EKIU
FORM NO:		ORM FOR ADMISS	SION
204 204 255010	A./	PART A	
201SESSIO			CLASS
NAME_			00.00
	(Surname la	ast in Capital letters)	
GENDER. WALE	PEMALE	DATE OF BIRTH	
PLACE OF BIRTH:		HOME TOWN	
LOCAL GOVERNMENT_		STATE OF ORIG	IN
NATIONALITY		RELICION	
PERMANENT HOME AD	DRESS		
CORRESPONDENCE AD	DDEEDO		
NAME OF LAST SCHOO	LATTENDED WITH (CLASS REACHED	
PHONE NUMBER OF PA EXTRA CURRICULAR AC PARENT'S/GUARDIANS DATE_	CTIVITIES (SPORTS/I	HOBBIES)CANDIDATE	S SIGN
I confirm that	PAR Declaration by Head	TB	
pupil/student of			is / was a
is/was			and his/her last class
	Headteacher/Principal	's Signature and Stamp	
Name of Headteacher/Prin	cipal		
	ach a Photocopy of	yowr form purchase re	ceipt to this form
	ELIGIB	ILITY SLIP	
 Name of Candidate 			
2. Examination No:			
3. Examination Centre:			

(N.B Please bring this to the examination Centre)

Registrar's Signature

4. Examination Date and Time:

Stamp and Date.....