



GOSHEN LAND ACADEMY

Off Ikoya Road, Opposite Army Barrack,
Okitipupa, Ondo State, Nigeria.

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ADMISSION FORM

Name
(Surname) (Other Names)

Sex Age

Date of Birth Place of Birth

Home Town Religion

Local Govt. Area State of Origin

Nationality

Father's Name

Mother's Name

Office Address of Father

Office Address of Mother

Residential Address of Parent

.....

Father's Phone No.....

Mother's Phone No.....

Name and Address of Person Making Application (If neither Father nor Mother)

.....

Relationship/Status (e.g Legal Guardian).....

Name of Student/Pupil's Previous School

Last Class Attended.....

Name and Address of Person Making Application (If neither Father nor Mother)

.....

Relationship/Status (e.g Legal Guardian).....

Declaration

I certify that the above information is correct and I promise to abide by the rules and regulations of the schools. I will always do the things that will promote the image of the school. May God help me, Amen.

.....
Applicant's Signature & Date

.....
Parent's/Guardian's Signature & Date

FOR OFFICE USE ONLY

Examination Number Admission Number
Date of Admission Class of Admission
Remarks
.....
Principal's Signature & Date