



FEDMAT COLLEGE, IBADAN

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 Email: fedmatcollege@yahoo.com

PLEASE AFFIX
 PHOTOGRAPH
 HERE

APPLICATION FOR ADMISSION 531

Form No:

NAME OF CHILD:		
AGE:	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	CHILD'S BIRTH DATE (d/m/y)
NATIONALITY:		FIRST LANGUAGE:
PREVIOUS SCHOOLS ATTENDED (with dates):		
PRESENT CLASS IN CURRENT: PRIMARY SCHOOL <input type="checkbox"/> / SECONDARY SCHOOL <input type="checkbox"/>		
EXPECTED NEXT CLASS:		
MOTHER'S NAME (First/Last):		
FATHER'S NAME (First/Last):		
HOME ADDRESS:		
HOME PHONE NO.:	PARENTS' RELIGION:	
FATHER'S PLACE OF EMPLOYMENT:	MOTHER'S PLACE OF EMPLOYMENT:	
OFFICE/PERSONAL PHONE:	OFFICE/PERSONAL PHONE:	
EMAIL ADDRESS:	EMAIL ADDRESS:	

In the event of emergency, FEDMAT College should please contact:

NAME:	NAME:
ADDRESS:	ADDRESS:
MOBILE PHONE:	MOBILE PHONE:
HOME PHONE:	HOME PHONE:

DECLARATION: I declare that the information furnished by me is authentic

Parent's Signature & Date

FOR OFFICIAL USE ONLY

1. English _____ 2. Mathematics _____ 3. Gen. Paper _____ **Total** _____

Entry Date:	Admission No.:
Class:	Exit Date: