



# ALBESTA ACADEMY LEKKI

**(CO-EDUCATIONAL, DAY & BOARDING SECONDARY SCHOOL)**

0.4km along Eleko Reach Rd, Off Lekki-Epe Expressway, Lekki, Lagos Nigeria

Tel: 08055063003, 08037016313, 08033188541

*Affix a recent  
Passport  
photograph of  
candidate here*

## ADMISSION FORM

Please, fill in block letters all through)

1. Name of candidate: \_\_\_\_\_  
Surname First name Middle name
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
3. State of Origin: \_\_\_\_\_ L.G.A \_\_\_\_\_ Home Town \_\_\_\_\_
4. Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_
5. Father/Sponsor's Name: \_\_\_\_\_ Tel: \_\_\_\_\_
6. Home Address: \_\_\_\_\_
7. Office/Business Address: \_\_\_\_\_  
E-mail \_\_\_\_\_ Tel: \_\_\_\_\_ Occupation: \_\_\_\_\_
8. Lagos Guardian's Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
(Where different from above) Surname First
9. Home Address: \_\_\_\_\_
10. Office/Business Address: \_\_\_\_\_  
Tel: \_\_\_\_\_
11. Name of present School: \_\_\_\_\_ Class: \_\_\_\_\_
12. Location of present School: \_\_\_\_\_ Tel: \_\_\_\_\_
13. Is the Candidate Transferring from another school? \_\_\_\_\_  
(If so attach transcript/last report)
14. Name of previous sch. \_\_\_\_\_ Last Class Attended \_\_\_\_\_
15. Admission (Please tick as appropriate) DAY  BOARDING
16. If day Admission; Do you require transport facility? YES  NO

PLEASE ATTACH THE PHOTOCOPIES OF THE FOLLOWING  
COMPULSORY DOCUMENTS WHEN SUBMITTING THE FORM

- 1 Copy of Birth Certificate
- 2 4 Recent Passport Photograph (B & W or Coloured)
- 3 Transcript/ Last Report
- 4 Medical Certificate of fitness

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND PROMISE  
TO ABIDE BY THE RULES AND REGULATIONS OF THE SCHOOL

\_\_\_\_\_  
***Candidate's Signature & Date***

\_\_\_\_\_  
***Parent's/Guardian's Signature & Date***

All applications must be received at the school by \_\_\_\_\_  
Examination date \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

Exam No \_\_\_\_\_

Exam Score: Paper 1 \_\_\_\_\_ Paper11 \_\_\_\_\_ Total \_\_\_\_\_

Date of Admission/Session \_\_\_\_\_

Class of Admission: \_\_\_\_\_

Remarks \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_