



# ADESINA COLLEGE, IBADAN

2, Kolawole Ajadi Crescent, Kongi Estate, Alagbayun, Akobo, Ibadan, Oyo State.

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## **BOARDING FORM**

APPLICANT  
PHOTOGRAPH  
DULY SIGNED

SESSION \_\_\_\_\_ TERM \_\_\_\_\_ CLASS \_\_\_\_\_

### **A. PERSONAL INFORMATION**

1. SURNAME.....NAME.....OTHER NAMES.....
2. SEX..... DATE OF BIRTH..... NATIONALITY .....  
STATE.....HOME TOWN..... RELIGION.....
3. PREVIOUS SCHOOL(S) ATTENDED WITH DATE(S)  
A.....  
B.....
4. Have you had a boarding school experience before? If YES, how long?.....

### **B. MEDICAL INFORMATION**

1. ANY PHYSICAL PECURIALITY? IF YES, please state.....
2. MEDICAL HISTORY (Please give details of physical defects or incapacities, food allergies or drug allergies, serious illness, bed wetting, water reaction, special needs or other such matters which the school ought to know)  
.....  
.....
3. STUDENT'S MEDICAL DOCTOR (PERSONAL/FAMILY) IN CASE OF EMERGENCY  
NAME..... PHONE NUMBER .....  
HOSPITAL NAME & ADDRESS.....

### **C. INFORMATION ON PARENTS/GUARDIANS**

1. NAME..... PROFESSION.....
2. MOBILE PHONE NO ..... WORK/OFFICE PHONE NO.....
3. HOUSE ADDRESS.....
4. WORK/ OFFICE ADDRESS.....  
EMAIL ADDRESS..... RELATIONSHIP TO STUDENT .....

### **C. OTHER INFORMATION**

1. ANY OTHER INFORMATION ABOUT THE STUDENT THAT THE SCHOOL NEEDS TO KNOW  
.....  
.....
2. STUDENT'S HOUSE ADDRESS IF DIFFERENT FROM PARENTS/GUARDIAN  
.....  
.....PHONE NUMBER.....

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