

## ADMISSION FORM



**JEWELS**  
LEADING LIGHTS ACADEMY

NO 50, 34 Crescent by Kelina Hospital, 3rd Avenue, Gwarimpa Estate, Abuja

Phone No: +2348096377426

Email: infohighschool@jewelsleadinglights.com | Website: www.jewelsleadinglights.com

Affix  
Photograph

(Please fill in details in CAPITAL LETTERS only)

**CANDIDATES' DATA**

Name:

Date of Birth:       Age:   Gender: M  F

State of Origin:       Nationality:

Local Govt. Area:       Religion:

Contact Address:

Class in which admission is sought:       Session:

**PARENTS'/GUARDIANS' DATA**

• Mother (full name):

Religion:

Profession: Designation:

Address (Residential):

Address (Office):

Telephone No (Res.)       Mobile:

Email address: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

• Father (full name):

Religion:

Profession: Designation:

Address (Residential):

Address (Office):

Telephone No (Res.)       Mobile:

Email address: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Please fill and detach. Come along with the slip on examination day

Full Name: \_\_\_\_\_

Registration No: \_\_\_\_\_

Address: \_\_\_\_\_

Parents' Signature: \_\_\_\_\_

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Photograph

**ACADEMIC HISTORY:**

NAME AND ADDRESS OF SCHOOL ATTENDED	PERIOD OF STUDY	HEAD OF SCHOOL

**MEDICAL HISTORY**

Allergies to medication: \_\_\_\_\_

\_\_\_\_\_

Any other challenges: \_\_\_\_\_

\_\_\_\_\_