



Clemofad Group of Schools

MOTTO: Nurturing God fearing future leaders

clecol2018@gmail.com | www.clemofadschools.com.ng | 08035509284

Behind Muyad Filling Station, Olomore, Abeokuta, Ogun State

APPLICATION FOR ADMISSION (PRIMARY)

Session: 2026/2027 | Please complete in BLOCK LETTERS with black/blue biro

Application No: _____ (office use) Date: _____ Sex: ☐ Male ☐ Female

A. STUDENT INFORMATION

Surname * _____ First Name * _____

Middle Name _____ Date of Birth * _____

(DD / MM / YYYY) â€” attach photocopy of birth certificate

Class Applying For * _____

Tick ONE class below | Session: 2026/2027

- | | | |
|---|--|------------------------------------|
| ☐ Entry Class (Creche) | ☐ Nursery 1 | ☐ Nursery 2 |
| ☐ Pre-Nursery 1 | ☐ Pre-Nursery 2 | ☐ Primary 1 |
| ☐ Primary 2 | ☐ Primary 3 | ☐ Primary 4 |
| ☐ Primary 5 | | |

Session Applying For * (2026/2027) _____

Previous School (if any) _____

Home Address * _____

Affix recent
passport
photograph
(35 x 45mm)

B. PARENT / GUARDIAN INFORMATION

Full Name * _____

Phone Number * _____ Relationship to Child * _____

(Father / Mother / Guardian / Uncle / Aunt / Other â€” circle one)

Email Address _____

Residential Address (if different) _____

C. DOCUMENTS ATTACHED (TICK AND SUBMIT PHOTOCOPIES; BRING ORIGINALS FOR SIGHTING)

- ☐ Completed admission form -- buy and submit online (Paystack or bank transfer)
- ☐ Two recent passport-sized photographs
- ☐ Birth certificate (original and photocopy)
- ☐ Previous school report cards (for transfer students)
- ☐ Transfer certificate / letter of good standing from previous school
- ☐ Immunization / medical records
- ☐ Parent/Guardian valid identification
- ☐ Proof of residence



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D. DECLARATION

I confirm that the information given above is true to the best of my knowledge, and I agree to abide by the rules and regulations of Clemofad Group of Schools.

Parent/Guardian Signature: _____

Date: _____

E. OFFICE USE ONLY (APPLICANT " LEAVE THIS SECTION BLANK)

Form fee (N15,000): ☐ Cash ☐ Transfer ☐ Online Receipt No:

Documents verified by: Date: Sign:

Assessment: Date Score Decision: ☐ Admitted ☐ Declined

Principal's signature / stamp & date:

Official stamp

Enquiries: 08035509284 | clecol2018@gmail.com | www.clemofadschools.com.ng | Return this form with photocopies to the admissions office.