



HALLMARK SECONDARY SCHOOL, ONDO

Italurowo Ondo / Akure Road, P.M.B 539, Ondo, Nigeria

ADMISSION FORM FOR _____ ACADEMIC YEAR

1. Name of Student _____
SURNAME FIRST NAME OTHER NAME

(Please write in capital letters)

2. Sex _____

3. Date of Birth _____ day of _____

4. Place of Birth _____

5. State of Origin _____

6. Home Town _____ Religion _____

7. Last School Attended _____

8. Class passed at previous School _____

9. Name of Parent/Guardian _____

10. Residential Address of Parent/Guardian _____

11. Parent/Guardian Occupation _____

12. Business Address (Not P.O. Box) of Parent/Guardian _____

13. Postal Address _____ Email _____ Tel: _____

14. Do you have any Disability? E.g

a. Sight problem? _____

b. Hearing problem? _____

c. Any other? _____

(Please State)

15. Do you have sickle cell anaemia? _____

16. Do you have any chest problems? _____

Student's Signature _____ Parent's /Guardian's Signature _____

FOR OFFICIAL USE ONLY

EXAM RESULTS

ENGLISH

MATHS

Principal's Comment

HALLMARK SECONDARY SCHOOL, ONDO.

EXAM SLIP

Name

Affix a passport photograph here

School Address

Exam No.

Submit the filled form with your Bank teller of N7, 500 (Seven Thousand Five Hundred Naira Only) at the exam centre. All bank payments should be made to: **Skye Bank Plc. Account Name: Hallmark Secondary School, Ondo. Account Number: 1770793775**

