



# ROYAL LEGENDS ACADEMY

*Learning today, leading tomorrow*

Plot 1-5, Adeoluwa Alogba Street, Along Ibeshe Ebute Road, After Nichemetex Industry, Ikorodu Lagos.

**09166020910, 09166020909**

## APPLICATION FORM

NAME OF CHILD			
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	D.O.B
PREVIOUS SCHOOL(S) ATTENDED (With Year)			
MOTHER'S NAME			
FATHER'S NAME			
HOME ADDRESS			
FATHER'S PLACE OF EMPLOYMENT			
MOTHER'S PLACE OF EMPLOYMENT			
OFFICE PHONE			
E-MAIL ADDRESS			

IN THE EVENT OF ANY EMERGENCY, ROYAL LEGEND ACADEMY SHOULD BE CONTACT

NAME
ADDRESS
PHONE NO 1
PHONE NO 2

NAME
ADDRESS
PHONE NO 1
PHONE NO 2

### DECLARATION

I DECLARE THAT THE INFORMATION  
FURNISHED BY ME IS AUTHENTIC

PARENT'S/GUARDIAN'S SIGN & DATE

Applicant's Choice (Please tick the appropriate box)	Day admission	Boarding Admission
If day Admission, does the applicant's require transport facility	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the applicant has any disability	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES, kindly specify-----	
Does he/ she use glasses	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the applicant have any of these health conditions?	Sickle cell anaemia	<input type="checkbox"/>
	Asthma	<input type="checkbox"/>
	Epilepsy	<input type="checkbox"/>
	Whooping cough	<input type="checkbox"/>
	Diabetes	<input type="checkbox"/>
	Mental illness	<input type="checkbox"/>
	Any other _____	

Genotype	AA	AS	SS	
Has the applicant been immunized against the following :			yellow fever?	<input type="checkbox"/>
			Covid 19?	<input type="checkbox"/>
			Cholera?	<input type="checkbox"/>
			Measles?	<input type="checkbox"/>
			Chicken pox?	<input type="checkbox"/>
			Polio?	<input type="checkbox"/>

(Tick the appropriate) the applicant is  
How did you hear about our school

introvert <input type="checkbox"/>	extrovert	<input type="checkbox"/>
Newspaper?		<input type="checkbox"/>
Television?		<input type="checkbox"/>
Radio?		<input type="checkbox"/>
Bill board?		<input type="checkbox"/>
Poster/ Flyer?		<input type="checkbox"/>
Student?		<input type="checkbox"/>
Staff?		<input type="checkbox"/>
Parent?		<input type="checkbox"/>
Internet?		<input type="checkbox"/>

**NB** Attach the photocopies of the following compulsory documents on submission :

- A copy of birth certificate
- 4 (four) recent passport photograph
- Transcript/ last report/ Testimonial
- Medical report (either from the family doctor or certified clinic)

*** Borders only (for security purpose):	<input type="text"/>
Preferred custodians (name & signature):	<input type="text"/>

Do you consent of having your child feature in any of our publicity that will enhance the good image of the school  
YES  NO

I \_\_\_\_\_ certify that the information is correct and promise to abide by The rules and the regulation of the school.

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Parent / Guardian Signature & date

FOR OFFICIAL USE ONLY

EXAM NUMBER	<input type="text"/>	EXAM SCORE	<input type="text"/>	ADMITTED ON MERIT	<input type="text"/>
REMARK:	<input type="text"/>	PASSED	<input type="text"/>	FAILED	<input type="text"/>
ADMITTED UNDERTAKEN BY PARENTS					