



# REMO METHODIST HIGH SCHOOL

## Sagamu, Ogun State, Nigeria.

Tel: 0806-093-1002, 0909-060-2970  
website: www.remo-methodist.sch.ng, email: info@remo-methodist.sch.ng

### APPLICATION FORM FOR ADMISSION

Session ..... Form No .....

1. NAME .....  
Surname First name Second name
2. DATE OF BIRTH..... 3. SEX .....
4. HOME TOWN ..... 5. STATE OF ORIGIN .....
6. NATIONALITY ..... 7. RELIGION .....
8. DENOMINATION .....
9. NAME OF PARENT OR GUARDIAN.....
10. ADDRESS OF PARENT OR GUARDIAN .....
11. NAME OF PREVIOUS SCHOOL ATTENDED.....
12. LAST CLASS PAST AT PREVIOUS SCHOOL .....
13. CLASS INTO WHICH ADMISSION IS SOUGHT .....

Affix Certified  
Recent  
Photograph Here



Principal's Signature/Stamp

Candidate's Signature.

To be Detached by school's authorized officer



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### FOR OFFICIAL USE ONLY

### ACKNOWLEDGMENT SLIP

Session ..... Form No ..... Receipt No. ....

Candidate's Name .....  
Surname First name Second name

Exam Center. .... REMO METHODIST HIGH SCHOOL, SAGAMU .....

Exam No. .... Exam Date. .... Time 9:00am Prompt .....

Please admit bearer to the exam Hall.

Principal's Signature/Stamp

CANDIDATE MUST BRING THIS SLIP TO THE EXAM HALL

Certified  
Recent  
Photograph

