



QUEENSLAND ACADEMY

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ADMISSION APPLICATION FORM

(Nursery / Primary / Secondary)

Affix Passport
photograph here

Kindly complete this form accurately. Fields marked with * are compulsory.
Please write in **BLOCK LETTERS**.

A. CANDIDATE'S INFORMATION

Surname*	
First name*	
Middle name*	
Date of Birth *	/ / (DD/MM/YYYY)
Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth	
Religion	
State of Origin	
Local Government Area (LGA)	
Nationality	
Class Seeking Admission Into *	
Previous Class	
Name of Previous School *	
Address of Previous School *	

B. FATHER'S INFORMATION

Father's Full Name *	
Home Address	
Telephone Number	
Email Address	
Profession / Occupation	
Nationality	
Office / Business Address	

C. MOTHER'S INFORMATION

Mother's Full Name *	
Home Address	
Telephone Number	
Email Address	
Profession / Occupation	
Nationality	
Office / Business Address	

D. GUARDIAN'S INFORMATION

(To be completed if different from parents)

Guardian's Full Name *	
Home Address	
Telephone Number	
Email Address	
Profession / Occupation	
Nationality	
Office / Business Address	

E. DOCUMENT SUBMISSION

Please submit the following documents along with this application:

- ☐ **Admission Form Payment Receipt**
- ☐ **Candidate's Passport Photograph**

F. DECLARATION

I declare that the information provided in this application form is true and correct to the best of my knowledge. I understand that any false information may result in disqualification. I also agree to abide by all the rules and regulations of **Queensland Academy** if the candidate is admitted.

Name of Parent / Guardian: _____

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Application Number

Date Received

Admission Level

☐ Nursery ☐ Primary ☐ Secondary

Admission Class

Admission Status

☐ Approved ☐ Not Approved

Remarks

Authorized Signature & Stamp