

Royal Academy Group of Schools

Admission Form

Attach a recent
Passport Photograph

Student Type:	Day Student _____ Boarding _____ Tick Appropriately
Location:	Agbor _____ Ekuku – Agbor _____ Tick Appropriately
Student Information	
First Name:	
Middle Name:	
Last Name:	
Email:	
Home Address:	
Sex:	
Date of Birth:	
Previous School Information (Optional)	
Name of Previous School:	
Address of Previous School:	
Class Completed:	
Reason for Leaving:	
Parent/Guardian Information	
Title:	
Full Name:	
Home Address:	
Email:	
Relationship:	
Phone Number:	
Religion:	