



REHOBOTH FAITH ACADEMY

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ENTRANCE EXAMINATION FORM

For Admission into _____ Exam Centre _____

CANDIDATE'S PERSONAL DATA

*Affix
Passport
Photograph*

No.: _____

1. Name of Candidate (Surname first): _____

2. Sex: _____ 3. Date of Birth: _____ 4. Age: _____

5. Home Town: _____ 6. LGA: _____

7. State of Origin: _____ 8. Religion _____

9. Present School: _____

10. Residential Address: _____

11. Health problem or disability (if any): _____

12. Are you going to be a Boarder or a Day student: _____

13. Name of person responsible for paying your school fees and upkeep?: _____

Contact Address: _____

Tel(s): _____ Email (If Any): _____

Signature of Candidate

Date

FOR PARENT/GUARDIAN

14. Name of Parent/Guardian: _____

Address: _____

Relationship with Candidate: _____ Occupation: _____

Tel(s): _____ Email (If Any): _____

15. Do you agree with the information provided by the candidate above?: _____

16. Parent/Guardian Signature _____ Date: _____

FOR OFFICIAL USE ONLY

EXAMINATION SCORES:

English: _____ Mathematics: _____

General paper: _____ Total: _____

Passed/Fail: _____ Admitted/Rejected: _____

Examiner's Name & Signature

Date

Official Stamp and Signature of principal: _____

