MEDMINA COLLEGE, IBADAN

Affix Passport Photograph

Admission Form

Academic Year_____ Date of Submission_____

STUDENT DETAILS

Present class:	Desired class of Entry:
Surname:	First Name:
Middle Name:	Age: Gender:
Date of Birth:	Nationality: State of Origin: Languages Spoken:
Address (Home):	
Name and address of last school attended:	
Sibling in MCI: Yes ☐ No ☐ *(Please tick as appropriate)*	
Future Aspiration of student:	
Please indicate the applicants' level of Islamic education: Islamic Studies _____ Qur'anic Recitation _____ Arabic Language _____	

FAMILY DETAILS

FATHER	Surname:	First name:
Address (Home):		
Tel:	Email:	Occupation:

Please attach the following:
- Passport photograph
- Photocopy of students' birth certificate (or declaration of age)
- Copy of recent school result
- Evidence of payment for admission form

Km 12, Iyana Ajia, New Ife Road, Egbeda, Ibadan, Nigeria.
Website: www.medminacollege.com
Email: medminac@yahoo.com

MOTHER	Surname:	First name:
Address (Home):		
Tel:	Email:	Occupation:
Are parents still together? Yes [ ] No [ ] *(Please tick as appropriate)*		
Number of children in the family/position of child:		

HEALTH FORM

In order to maintain current health records for all children, it is very important to complete this form and return it to the school. The information provided would offer considerable assistance to the school in dealing with an emergency or chronic health problem should they arise during school hours.

Has the student been in good health condition in the past 3 years?
Yes [ ] No [ ] *(if no, please explain below)*

Are there any special conditions of which the school should be aware?
Yes [ ] No [ ] *(if yes, please explain below)*

Blood group:	Genotype:

Is there any reason why the student should not participate in the Physical Education program?
Yes [ ] No [ ] *(if yes, please explain below)*

Has the student had any of the following in the past 2 years? (*Please tick as appropriate and if yes, explain where necessary)*

- Illness lasting more than 7 days Yes [ ] No [ ] _____
- Seizures/convulsion Yes [ ] No [ ] _____
- Fractures or broken bones Yes [ ] No [ ] _____
- Problems with eyes or vision Yes [ ] No [ ] _____
- Excessive bleeding when cut Yes [ ] No [ ] _____
- Nose bleeding Yes [ ] No [ ] _____
- Asthma or breathing problems Yes [ ] No [ ] _____
- Allergies Yes [ ] No [ ] _____
- Kidney/bladder infection Yes [ ] No [ ] _____
- Sickle cell anemia Yes [ ] No [ ] _____
- Diabetes Yes [ ] No [ ] _____

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