



# Our Lady of Nigeria Secondary School Oghara.

## STUDENT APPLICATION FORM

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>PASSPORT</b>
<b>MIDDLE NAME</b>	<b>DATE OF BIRTH</b>	
<b>SEX</b>	<b>RELIGION</b>	
<b>BLOOD GROUP</b>	<b>GENOTYPE</b>	
<b>DO HAVE MALARIA FREQUENTLY</b>	<b>DO YOU SUFFER FROM ANY OF THESE ILLNESS</b>	
<b>YES</b> <b>NO</b> <input type="checkbox"/> <input type="checkbox"/>	<b>Asthma</b> <input type="checkbox"/> <b>Ulcer</b> <input type="checkbox"/> <b>Epilepsy</b> <input type="checkbox"/> <b>Anemia</b> <input type="checkbox"/> <b>None of the above</b> <input type="checkbox"/>	
<b>FIRST SCHOOL LIVING CERTIFICATE GRADES</b>		
<b>SUBJECTS</b>	<b>GRADES</b>	<b>REMARKS</b>