



# POTTER & CLAY SECONDARY SCHOOL

Ilesa/iloko Road, adjacent to Gold FM Ilesa

Motto:- *Moulding Your Future, Securing Your Destiny*

*e-mail:- potter&clay@gmail.com Tel:-08100316215*

Form No\*

Certified  
Recent  
Photograph

## APPLICATION FOR ADMISSION

### A. CANDIDATE'S PROFILE

1. Surname \_\_\_\_\_

Other Names \_\_\_\_\_

2. Sex  Date of birth     
Day Month Year

3. age as at exam date    
Years Month

4. Nationality \_\_\_\_\_

State of Origin: \_\_\_\_\_

Local Govt. of Origin \_\_\_\_\_

Home Town \_\_\_\_\_

5. Residential Address: \_\_\_\_\_

*Actual House Number/Street. Area/Nearest Bus-stop*

Poster Address \_\_\_\_\_

*P.M.B./P.O.Box*

E-mail Address \_\_\_\_\_

*Family e-mail if any or candidates personal e-mail, if any*

**6. School attendance with dates**

- |          | <i>DATES</i>         |
|----------|----------------------|
| 1. _____ | <input type="text"/> |
| 2. _____ | <input type="text"/> |
| 3. _____ | <input type="text"/> |

Present class as at date of exam

**7. Religion**

Church Address and

Minister in charge

**B. FAMILY PROFILE**

**1. FATHER'S NAME** \_\_\_\_\_  
*Surname first*

Occupation (Be specific) \_\_\_\_\_

Office Address (Be exact please) \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. MOTHER'S NAME** \_\_\_\_\_  
*Surname/Maiden Name*

*Other Names*

Occupation (Be specific) \_\_\_\_\_

Office Address (Be exact please) \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

E-mail \_\_\_\_\_

Family Residence \_\_\_\_\_  
*if different from As above*

3. Name and Address  
of a chosen Guardian who  
resides within 50-80km  
radius of potter & clay \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone and office  
contact address of Guardian \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

4. Who will pay the fees if admitted?

5. Preferred Center of Examination  
please be sure to tick one

<input type="checkbox"/>	Potter & Clay Sch.
<input type="checkbox"/>	B23
<input type="checkbox"/>	B231
<input type="checkbox"/>	Imo Ilesa

DETACH SLIP

YOU MUST BRING THIS SLIP WITH YOU TO THE EXAM CENTRE

6. Please attach to this form the photocopies of the following documents

Birth certificate

Last report card before examination

Testimonial from Pry. 6

C. I certify that the above information is correct

Name of Certifier

Signature

Date

Head teacher's Name

Signature

Date

stamp

D. TRANSFER STUDENT ONLY

(i) Former School

Last Class

Subject Taken

(ii) Class you wish to transfer into

Certified  
Recent  
Photograph

No.

0568



DETACH

**POTTER & CLAY**  
SECONDARY SCHOOL

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Candidate's Name

Preferred centre chosen above

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