

Golden Horizon College



Along FHE road, Obada, Obada, Abeokuta, Ogun State.
Contact Us: 08150251809,08084229418,08140121575
www.goldenhorizoncollege.org.ng

APPLICATION FORM FOR ADMISSION

CLASS APPLIED FOR..... 20..... / 20..... ACADEMIC SESSION

NAME			
(Surname in Capital)		Other Names in Capital	
SEX	AGE		
DATE OF BIRTH	PLACE OF BIRTH		
RELIGION			
TOWN & STATE OF ORIGIN			
CONTACT ADDRESS			
PERMANENT ADDRESS (if different from above)			
LOCAL LANGUAGE			
NATIONALITY			
INDICATE PREFERRED SCHOOL (✓)	COLLEGE ID/MU (Full Boarding) ☐	HIGH SCHOOL (Day School) ☐	HIGH SCHOOL (Day School) ☐
A. PARENT/GUARDIAN		B. LOCAL GUARDIAN (if different from A above)	
NAME		NAME	
ADDRESS		ADDRESS	
OCCUPATION		OCCUPATION	
E-MAIL ADDRESS		E-MAIL ADDRESS	
TELEPHONE NO.		TELEPHONE NO.	
RELATIONSHIP		RELATIONSHIP	
SCHOOLS ATTENDED			
NAME & ADDRESS OF SCHOOL (S)	PERIOD OF STUDY	EXAMINATION PASSED	HEAD OF SCHOOL
(i)			
(ii)			
(iii)			
GUARANTOR			
I guarantee that this applicant is well known to me and will be of good conduct and behaviour. I strongly recommend him/her for admission into your secondary school.			
Full Name:			
Relationship:			
Address:			
E-mail Address:			
Signature:			
Date:			
MEDICAL HISTORY			
ALLERGIES TO MEDICATION			
ANY OTHER CHALLENGE(S)			
OTHER REMARKS			
TWO PASSPORT PHOTOGRAPHS ☐		LAST REPORT OF PREVIOUS SCHOOL BIRTH CERTIFICATE (Photocopy) ☐	
TRANSFER CERTIFICATE ☐			
SIGNATURE OF PARENT/GUARDIAN			

Full Name :

Address :

Candidate's Signature :

A passport sized
Photograph to affixed
here