

METHODIST GIRLS' HIGH SCHOOL YABA, LAGOS

Dear Esteemed Parent/Guardian/Sponsor

Thank you for showing interest in our school.

Our Vision is to maintain the highest standard laid by the founding missionary leaders in the field of education and a hallmark for moulding the spiritual, emotional, intellectual, physical and social life of your girl-child/ward

We provide an enriching education which will bring the best potentials in every girl-child's personal and academic life that would make her cope with the challenges that lie ahead.

At MGHS, we offer a comprehensive programme with a wide range of subjects, in line with the kind of knowledge the best educational systems provide children all over the world. We provide our students with a challenging well-rounded education that includes the Arts, Humanities, Mathematics, Business, Science and Technology, Religion and Health.

We assure you that trusting your girl-child/ward in our care is the best decision you have made for her future.

Principal

GUIDELINES FOR FILLING THE ADMISSION FORM

Please carefully follow the instructions below in completing this Admission Form

- This form must be completed in capital letters
- Attach firmly to the appropriate portion of this form a recent passport size photograph of your child/ward.
- Attach a second passport photograph (same as the first one) to the acknowledgment slip. Note: You must present this slip during examination and interview.
- Write your child/ward's name at the back of the photograph.
- A photocopy of your child/wards birth certificate must be attached to the form
- For students transferring from another school, a photocopy of their last result must be attached to the form.
- Submit the completed form to the school or any of the approved centers, Please DO NOT SEND BY POST.
- You will be required to **pay the registration fee of Ten Thousand naira only.** at the bank before submitting the form
- To get the updated list of approved centers and current registration fee, **visit: www.mghsyabalagosng.com**
- Attach a photocopy of your payment receipt. The original receipt must also be brought to the examination center.
- **Kindly pay the sum of Ten Thousand Naira only (#10, 000) into any Union Bank**
- **Account Number: 0003824385**
- **Title of Account: Methodist Girls High School.**



FOUNDED IN 1879

METHODIST GIRLS' HIGH SCHOOL YABA - LAGOS

320, Murtala Muhammed Way, Yaba, Lagos.
Tel: 0706-969-2798, 0802-819-3951, 0803-410-7764
website: www.mghsyabalagosng.com, email: mghs_yaba@yahoo.com

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APPLICATION FOR ADMISSION

Session Form No

SECTION A. CANDIDATE'S DATA

1. NAME.....
Surname *First name* *Second name*
2. DATE OF BIRTH..... 3. AGE (by this year next September)
4. SEX 5. RELIGION..... 6. DENOMINATION
7. HOME ADDRESS
8. POSTAL ADDRESS..... 9. STATE OF ORIGIN
8. LGA..... TOWN
10. NAME OF PREVIOUS SCHOOL
11. CLASS IN PREVIOUS SCHOOL
12. CLASS INTO WHICH ADMISSION IS BEING SOUGHT
13. HOBBIES & INTEREST SPORT(S)
14. STUDENT TYPE Day Boarder

SECTION B. PARTICULARS OF PARENT/GUARDIAN/SPONSOR

FATHER

15. NAME 16. OCCUPATION
17. RESIDENTIAL ADDRESS
18. HOME PHONE No(s)
19. EMAIL ADDRESS.....
20. BUSINESS ADDRESS
21. OFFICE PHONE No(s)
22. RELATIONSHIP 23. RELIGION.....

MOTHER

24. NAME 25. OCCUPATION
26. RESIDENTIAL ADDRESS
27. HOME PHONE No(s)
28. EMAIL ADDRESS.....
29. BUSINESS ADDRESS
30. OFFICE PHONE No(s)
31. RELATIONSHIP 32. RELIGION.....

SECTION C: MEDICAL INFORMATION

33. [A] Does your child/ward have Sickle Cell Anaemia? Yes No

[B] Has your child/ward any of the following defects

Eye Defect: Ear Defect: Nose Bleeding: None:

[C] Has your child/ward been immunized against the following? (Please Attach proof of immunization record)

1. Measles: Yes No 2. Whooping Cough: Yes No

3. Polio: Yes No 4. Tetanus: Yes No

5. Tuberculosis: Yes No

[D] In case of emergency, do you permit us to take your child to the school's clinic/doctor? Yes No

34. FAMILY DOCTOR'S NAME

35. ADDRESS

36. MOBILE PHONE

SECTION D. GENERAL

37. Please enter below any information about your child which you believe would be useful to the school

.....

RECOMMENDATION BY HEAD TEACHER

I hereby recommend.....who is

presently in Class/Basic for the entrance examination

NAME SCHOOL

SIGNATURE/SCHOOL STAMP DATE

PARENT'S SIGNATURE DATE

FOR OFFICE USE ONLY

	SCORE	MAX
[A] Examination:	<input type="text"/>	<input type="text"/>
[B] Interview:	<input type="text"/>	<input type="text"/>
[C] Total:	<input type="text"/>	<input type="text"/>

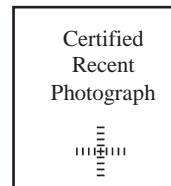
REMARKS:

[D] (i) Admitted (ii) Not Admitted (iii) Not Qualified

[E] Class Admitted into:



**METHODIST GIRLS' HIGH SCHOOL
YABA - LAGOS
ACKNOWLEDGMENT SLIP**



Session Form No

DATE OF EXAM: VENUE:

EXAMINATION CENTRE (Exam can be written at any designated centre):

NAME OF CANDIDATE (BLOCK LETTERS)

PLEASE BRING THIS SLIP WITH YOU TO THE EXAM CENTER