

13/15 Sola Kola Street, Haruna, Ikorodu

Tel: +234(1) 8189951,

Admission Hotlines

08091655962 - Nursery

08053061725, 08191498996 - Primary

07059332050, 08035469545 - Secondary

E-mail: info@greatjoyschools.com

Website: www.greatjoyschools.com



Affix
Passport
Photograph

PRIMARY/NURSERY

GREAT JOY SCHOOLS

...laying an enduring foundation.

DATE: ___ / ___ / ___

PUPIL

Name: _____ Class/Year of Entry: _____

Date of Birth: _____ Sex: M[] F[]

Home Address: _____

Nationality: _____ Religion: _____

Last School Attended: _____ Class: _____

Any special need(s)? _____ Boarding: Yes[] No[]

FATHER

Father's Name: _____ Nationality: _____

Home Address: _____

Tel: _____ Fax: _____ GSM: _____

Office Address: _____

Tel: _____ Fax: _____ E-mail: _____

Profession: _____ Religion: _____

MOTHER

Mother's Name: _____ Nationality: _____

Home Address: _____

Tel: _____ Fax: _____ GSM: _____

Office Address: _____
_____ E-mail: _____

Profession: _____ Religion: _____

OTHER SIBLING(S) AT THE SCHOOL (Name(s) & Class(es))

Name: _____ Year: _____ D.O.B _____

Name: _____ Year: _____ D.O.B _____

Name: _____ Year: _____ D.O.B _____

- This form should be completed and returned to the Admissions Officer together with a non-refundable fee of **₦5,000** (Five thousand naira).
- The date for examination and interview will be communicated to you after we receive this form.
- All applications must be accompanied with a copy of the **Birth Certificate, Two Passport Photographs and Immunization record.**
- **Admission Age: Nursery (18 months), Primary (4years) by August 31st of year of entry.**