

DEENIMPACT ACADEMY

Knowledge, Action and Guidance

Address: Olomo Quarters 2, Zone 2, near Olose Junction, Apete, Ibadan
Phone / WhatsApp: 08123458536 | Website: deenimpactacademy.com.ng

AFFIX RECENT
PASSPORT
PHOTOGRAPH

OFFICIAL APPLICATION FOR STUDENT ADMISSION

SECTION 1: PUPIL / STUDENT PARTICULARS

Surname: _____ First Name: _____
Middle Name: _____ Date of Birth (DD/MM/YYYY): _____ Gender: _____
Nationality: _____ State of Origin: _____ L.G.A: _____
Residential Address: _____
Class Applying For: ☐ Pre-Nursery ☐ Nursery 1-2 ☐ Primary 1-5 ☐ JSS 1-3 ☐ SSS 1-3
Previous School Attended: _____ Last Class Passed: _____
Any Known Allergies or Health Conditions: _____

SECTION 2: PARENT / GUARDIAN PARTICULARS

Father / Guardian Full Name: _____ Phone (Call): _____
Father's WhatsApp Number: _____ Occupation / Employer: _____
Mother / Guardian Full Name: _____ Phone (Call): _____
Mother's WhatsApp Number: _____ Occupation / Employer: _____
Emergency Contact Person (if different): _____ Emergency Phone: _____

SECTION 3: PROGRAMME PREFERENCES & CO-CURRICULAR

Select areas of interest for the child (Tick as applicable):

☐ Qur'an Memorisation (Tahfeez) ☐ Vocational Trades Programme ☐ JETS Club (Science & Tech)
☐ Press Club ☐ Rotaract Club ☐ Sports & Athletics

SECTION 4: PARENT / GUARDIAN DECLARATION & UNDERTAKING

*I hereby declare that the particulars provided above are correct to the best of my knowledge
. I agree that my ward shall abide by all academic standards, regulations, and moral codes of DeenImpact Academy, rooted in academic excellence and Islamic values.*

Parent / Guardian Name: _____ Signature: _____ Date: _____

SECTION 5: FOR OFFICIAL USE ONLY (ADMINISTRATION)

Date Application Received: _____ Entrance Exam Score: _____ Interview Status: _____
Admission Status: ☐ Approved ☐ Deferred Admission No. Assigned: _____
Authorising Signature & Date: _____ Official School Stamp: _____