



مدرسة السعدية النموذجية
SADIYYAH MODEL SCHOOLS
Motto: Knowledge for Service

1, Lai Oyedutan Close, off Estate/Baba Dada B/Stops,
Akute Road, Alagbole, Via Ojodu Berger, Lagos.
Tel: 0806-555-2080, 0805-612-2090, 0803-305-4860, 0807-746-8680
info@sadiyyahmodelschool.com www.sadiyyahmodelschool.com



COLLEGE
ADMISSION FORM

Name of Applicant (Surname First).....

Age Date of Birth:

Name & Address of Primary School Attended:

..... Class Passed:

Name of Parent/Guardian:

Full Address of Parent/Guardian (Home):

..... Tel:

Email:

Full Address of Parent /Guardian (Office):

.....Tel:

State of Origin of Father: Parent's Religion:

I declare that the information provided herein are true in all respects and request that you consider my child/ward for admission into Sadiyyah Model College

Signature: Date:

Form Should be filled and returned promptly to the Administration Office

ACKNOWLEDGMENT SLIP FOR ADMISSION

Dear Mr/Mrs:

I hereby acknowledge receipt of the Admission form duly filled in respect of your

Child/Ward. I Confirm that your Child/Ward:

is admitted / not admitted for the school term beginning: September 20.....

Signature of Principal: Date: 20.....