



Dukes and Duchesses of Cambridge Academy

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PLEASE AFFIX
PHOTOGRAPH

FPR OFFICE USE ONLY

ENTRY DATE	<input type="text"/>	PREVIOUS SCHOOL	<input type="text"/>
CLASS	<input type="text"/>	EXIT DATE	<input type="text"/>

APPLICATION FOR ADMISSION

Form No:	Academic year:		
First Name:	Other Names:	Surname:	
Date of birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:	
Place of Birth:		Nationality:	
Religion:		Place of worship:	
Address:			
List all schools previously attended:			
Parents details:	Father	Mother	
Full Names			
Date of birth			
Address:			
Nationality			
Religion			
Occupation			
Place of work			
Contact number			
Email			
Emergency contact person:			
	First Name	Surname	Telephone
1			
2			

I confirm that by signing this form, all information provided is correct to the best of my knowledge and you permit us to take references where applicable.

Parent's/Guardian's Signature/date