



# AFLON DIGITAL ACADEMY

Computer Technology-based Basic and Secondary Education School

## STUDENTS DETAILS

Surname (CAPITAL LETTERS) \_\_\_\_\_

Firstname \_\_\_\_\_ Middlename \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Day | Month | Year

Nationality \_\_\_\_\_ State \_\_\_\_\_

LGA \_\_\_\_\_ Religion \_\_\_\_\_

Date Purchased \_\_\_\_\_

Form Number \_\_\_\_\_



Class Last Passed \_\_\_\_\_ Name of School Last Attended \_\_\_\_\_

Street Address of School Last Attended \_\_\_\_\_

City of School last Attended \_\_\_\_\_ State of School Last Attended \_\_\_\_\_

Reason for Transferring \_\_\_\_\_ Day or Boarding \_\_\_\_\_

Present Height \_\_\_\_\_ Present Weight \_\_\_\_\_

## PARENTS DETAILS

FATHER/MALE GUARDIAN		MOTHER/FEMALE GUARDIAN
_____	Surname	_____
_____	Other Names	_____
_____	Title	_____
_____	Home Address	_____
_____	City of Residence	_____
_____	State	_____
_____	Name of Office	_____
_____	Street Address of Office	_____
_____	City	_____
_____	GSM Number	_____
_____	E-Mail Address	_____

**FOR OFFICE RECORDS ONLY**

Date Admitted	Day   Month   Year	Class to Which Admitted	Admission Number
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