



# 2024 STUDENT APPCLICATON FORM

## APPCLICK ICT ACADEMY

16A Soun Ajagungbade Ave, New Bodija  
Estate, Ibadan.

08133591656

info@appclick.ng

Please fill out this form and submit to the admission officer

Title:	Surname:	First Name:	Middle Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone No:	Email:
<input type="text"/>	<input type="text"/>

Gender:	Date of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>

Home Address:
<input type="text"/>

Qualifications	Class preference
<input type="text"/>	<input type="checkbox"/> Physical <input type="checkbox"/> Online

Please checkbox your preferred course

<input type="checkbox"/> Front-End Engineering	<input type="checkbox"/> Web Design
<input type="checkbox"/> Back-End Engineering	<input type="checkbox"/> UI/UX Design
<input type="checkbox"/> Full-Stack Engineering	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Mobile App Engineering	<input type="checkbox"/> Digital Marketing
<input type="checkbox"/> Java Programming	<input type="checkbox"/> Digital Literacy
<input type="checkbox"/> Data Analysis	<input type="checkbox"/> Data Science
<input type="checkbox"/> CyberSecurity & Ethical Hacking	<input type="checkbox"/> Python Programming

If you are below 18, please fill out the following section (Parent/Guardian Info)

Title:	First Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone No:	Email:
<input type="text"/>	<input type="text"/>

Home Address:
<input type="text"/>

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian/Parent signature

\_\_\_\_\_  
Date