

STUDENT'S ADMISSION FORM

Use only block letters to complete this form

Affix recent
passport
photograph

FORM No YEAR:

STUDENT'S PARTICULARS

CLASS APPLIED FOR:

SURNAME

FULL FORENAMES

DATE OF BIRTH SEX

PLACE OF BIRTH NATIONALITY

STATE OF ORIGIN L.G.A

SCHOOLS ATTENDED WITH DATE

PRESENT SCHOOL & CLASS

SCHOOL ADDRESS

HEAD TEACHER

E-MAIL TEL

PARENTS/GUARDIAN

Please enclose photocopies of child's birth certificate and immunization records.

NAME OF FATHER

RESIDENTIAL ADDRESS

OFFICE ADDRESS

TEL NO.: HOME OFFICE

FATHER'S OCCUPATION/PROFESSION

MOTHER'S NAME OCCUPATION

OFFICE ADDRESS

TEL NO.: HOME OFFICE

NAME AND ADDRESS OF GUARDIAN (WHERE PARENTS ARE RESIDENT OUTSIDE PH)

E-MAIL TEL

OFFICE USE

EXAM VENUE EXAM NO

EXAM SCORES: MATHS ENGLISH GEN. PAPER

INTERVIEWED BY

ADMISSION GRANTED: YES/NO

SIGNATURE / DATE

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ENTRANCE EXAMINATION SLIPFORM NO.

NAME OF CANDIDATE

EXAMINATION CENTRE

EXAM NO

DATE AND TIME

detach the slip