

ADMISSION FORM

PERSONAL DATA SURNAME			OTHER NAMES						
ADDF					TELEPHONE				
			DELL 05V			07475.05		RELIGION	
DATE OF BIRTH	I AGE	PLACE OF BI	RIHSEX	NATIONAL	ΙΙΥ	STATE OF	ORIGIN	RELIGION	
DO YOU S	JFFEF	R ANY ILLNE	SS OR D	ISABILITY	(YE	ES/NO).IF	YES GI	VE DETAILS	
CLASS TO WH	ICH AI	DMISSION IS	BEING S	ORT:					
PREVIOUS SCHOOL ATTENDED WITH DATE						CAUSES FOR LEAVING			
(1)									
(2)									
(3)									
PARENTS/GUAR NAME				FICIAL ADDE	RESS -	ESS TELEPHONE NO			
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NOTE: I HEREBY AGREE TO PAY FOR MY WARDS FEES ON THE FIRST DAY OR LATEST THE FIRST WEEK OF EACH TERM. I ALSO AGREE TO PAY FOR ANY UNLAWFUL DAMAGE TO ANY PROPERTY BELONGING TO THE SCHOOL									
		PARENTS /	SUARDIA	NS SIGNAT	ΓUR	Ε:			
		0	FFICIA	LUSE	0	NLY			
DATE OF EXA	AMINA	TION:							
PERCENTAG									
CLASS ADMI	ΓΤΕD:				-				
COMMENTS:									

PAYMENTS MADE IN RESPECT OF THIS FORM IS NON REFUNDABLE