

**APPLICATION FORM**  
**Part A.**



**PARTICULARS OF PUPIL**

1. Name (Surname First): \_\_\_\_\_  
\_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
3. Home Town: \_\_\_\_\_ Age: \_\_\_\_\_
4. L.G.A: \_\_\_\_\_ State of Origin: \_\_\_\_\_
5. Home Address: \_\_\_\_\_
6. Postal Address: \_\_\_\_\_
7. Religion: \_\_\_\_\_
8. Primary School last attended: \_\_\_\_\_  
\_\_\_\_\_
9. Highest Class reached: \_\_\_\_\_  
\_\_\_\_\_

**HEADTEACHER ATTESTATION**

I, Mr/Mrs \_\_\_\_\_ attest  
that \_\_\_\_\_ is a pupil in this School.

Name of the School: \_\_\_\_\_

\_\_\_\_\_  
*Signature of the Headteacher*

\_\_\_\_\_  
*Date*

Part B.  
INFORMATION ABOUT PARENT/GUARDIAN

1. Name of Father/Guardian: \_\_\_\_\_
2. G.S.M.: \_\_\_\_\_
3. Occupation of Father: \_\_\_\_\_
4. Occupation of Mother: \_\_\_\_\_
5. G.S.M.: \_\_\_\_\_
6. Residential address of the Parents:  
\_\_\_\_\_
7. E-mail address: \_\_\_\_\_
8. G.S.M.: \_\_\_\_\_
9. Does your child/ward has any peculiar ailment? Yes/No \_\_\_\_\_
10. State the type of ailment if yes: \_\_\_\_\_
11. Who will be responsible for the payment of the child's School fees?  
Name: \_\_\_\_\_
12. G.S.M. of item 11: \_\_\_\_\_
13. Declaration:  
I, \_\_\_\_\_ confirm that the  
information given above is correct.

\_\_\_\_\_  
*Parent/Guardians full Name*

\_\_\_\_\_  
*Signature and Date*

**FOR OFFICE USE ONLY**

1. Exam Score: \_\_\_\_\_ Eligible (Yes or No)
2. Class to which placed: \_\_\_\_\_
3. Registration Number: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Examiner*

\_\_\_\_\_  
*Date*