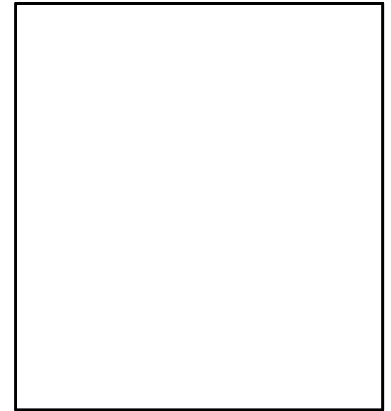




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Garki, Abuja

ADMISSION FORM

1. NAME OF STUDENT: \_\_\_\_\_ SEX:  M  F
2. DATE OF BIRTH: \_\_\_\_\_ (Attach Birth Certificate)
3. PLACE OF BIRTH: \_\_\_\_\_
4. HOME TOWN: \_\_\_\_\_
5. STATE OF ORIGIN: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_
6. RELIGION: \_\_\_\_\_
7. FATHER'S NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
- Tel. No: \_\_\_\_\_ E-mail: \_\_\_\_\_
8. FATHER'S OCCUPATION: \_\_\_\_\_
9. MOTHER'S NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
- Tel. No: \_\_\_\_\_ E-mail: \_\_\_\_\_
- MOTHER'S OCCUPATION: \_\_\_\_\_

10. GUARDIAN'S NAME (If different from 7 & 9): \_\_\_\_\_  
\_\_\_\_\_
11. GUARDIAN'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
- Tel. No: \_\_\_\_\_ E-mail: \_\_\_\_\_
12. GUARDIAN'S RELATIONSHIP WITH STUDENT: \_\_\_\_\_
13. CLASS SEEKING ADMISSION INTO: \_\_\_\_\_ (Attach  
Transfer Certificate/Testimonial)
14. PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_  
\_\_\_\_\_
15. LAST CLASS IN PREVIOUS SCHOOL: \_\_\_\_\_
16. HOBBIES: \_\_\_\_\_
17. ANY GAMES/SPORTING SKILL(S): \_\_\_\_\_
18. DO YOU HAVE ANY MEDICAL PROBLEM OR AILMENT YES/NO  
IF YES, STATE BRIEFLY \_\_\_\_\_  
\_\_\_\_\_
19. ARE YOU ON ANY SPECIAL DIET? YES/NO  
IF YES, STATE SPECIFICALLY: \_\_\_\_\_
20. ANY OTHER INFORMATION YOU WANT THE SCHOOL TO  
KNOW?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided by me is true to the best of my knowledge and ability.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Parent/Guardian's Signature)

**NB: THE INFORMATION PROVIDED ABOVE WILL BE TREATED AS  
CONFIDENTIAL**