

NEW FORM

PART A PERSONAL INFORMATION OF THE APPLICANT

| | | | |
|------------------------|----------------|--------------------|--------------------------|
| Name | <i>Surname</i> | <i>First Name</i> | <i>Other Name</i> |
| Sex | | | Age |
| Home Town | | L.G.A | |
| State of Origin | | Nationality | |
| Height | <i>Meter</i> | Weight | <i>Meter</i> |
| | | Complexion | <i>Fair, Light, Dark</i> |

PART B HEALTH INFORMATION

| | | | |
|-----------------------|---------------------------------------|-----------------|--|
| Blood Group | | Gynotype | |
| Health History | <i>(e.g Malaria, convulsion etc.)</i> | | |
| | | | |
| First Aid | <i>(Name of drug or medication)</i> | | |

PART C PARENTAL/GUARDIAN INFORMATION

| | | | |
|----------------------------------|---------------------|--|--|
| Father's Name | | | |
| Occupation | Position | | |
| Office/Business Address | | | |
| | Phone Number | | |
| Mother's Name | | | |
| Occupation | Position | | |
| Office/Business Address | | | |
| | Phone Number | | |
| Residential Address | | | |
| | | | |
| Guardiance's Name | | | |
| Occupation | Position | | |
| Office/Business Address | | | |
| | Phone Number | | |
| Emergency Response Number | | | |

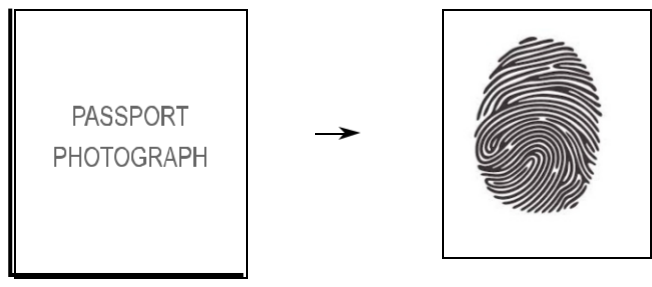
PART D SPONSORSHIP

| | | |
|--------------------------------|-------------------|---------------------|
| Name | | |
| | <i>First Name</i> | <i>Other Name</i> |
| Relationship with pupil | | Home Address |
| | | |
| Office Address | | |
| Occupation | | |

PART E ACADEMICS RECORD

| | | | |
|------------------------|--|-----------------------|--|
| Previous Class | | Present Class | |
| Test Result (%) | | Assigned Class | |

PART E BIOMETRIC CAPTURE



PROCESS

PART E RECOMMENDATION

| | |
|---------------|----------|
| Remark | Approved |
| | Rejected |

If **APPROVED** proceed to Admission Letter (Which will be automatically generated)