



<<<< ADMISSION FORM >>>>

FORM NO _____	EXAM NO _____
NAME (SURNAME) _____	
OTHER NAMES _____	
DATE OF BIRTH _____	PLACE OF BIRTH _____
NATIONALITY _____	TRIBE _____
STATE OF ORIGIN _____ HOME TOWN _____	
HOME ADDRESS _____	
POSTAL ADDRESS _____	
AGE _____	SEX _____
WEIGHT _____	HEIGHT _____
BLOOD GROUP _____	GENOTYPE _____
ANY IMPEDIMENT _____	
RELIGION _____	DENOMINATION _____
NAME OF SCHOOL _____	
CLASS LAST COMPLETED _____	
POST/POSITION HELD IN SCHOOL _____	
MEDICAL HISTORY _____	
FUTURE AMBITION _____	
SIGNATURE OF HEADMASTER/MISTRESS/PRINCIPAL _____	
DATE _____	

AFFIX
PASSPORT

ENTRANCE EXAM SLIP

FORM NO _____	EXAM NO _____	DATE OF EXAM _____
NAME (SURNAME) _____		
OTHER NAMES _____		
HOME ADDRESS _____		
HEADMASTER/MISTRESS/PRINCIPAL'S SIGNATURE _____		
CANDIDATE'S SIGNATURE _____		
VENUE FOR EXAMINATION _____		

AFFIX
PASSPORT


