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For office use only

Admission No:

Date:

APPLICATION FOR ADMISSION: FORM NO.CHS2016/ .

Personal Information:

Surname.....

Other Names.....

Date of Birth..... Sex.....

Email Address..... Religion.....

Nationality.....State.....LGA..... Home Town.....

Educational History:

Previous School/Class.....

Parents/Guardians Information:

Name of Parent/Guardian.....

Relation to Child (Father, Mother or Guardian).....

Occupation.....

Residential Address.....

..... Mobile Number.....

Office Address.....

Contact Address (Where different from Office Address).....

..... Mobile Number.....

Signature..... Date.....

Head Teacher's Signature and School Stamp.....

Medical History: Please give details of physical defects or mental disabilities, illnesses or other such matter about which the school ought to know.....

Name and Address of Child's Usual Medical Practitioner.....

This Application Form Must Be Completed And Returned with:

Two (2) Passport Photographs

A photocopy of candidate's birth certificate

A testimonial from the present or last school attended.

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English Language ()

Mathematics ()

Total ()

Average ()

Student's Name.....

Examination Date.....

Officer's Signature.....

Time.....

Candidate should bring this slip into the examination room.

Writing materials will be provided.