



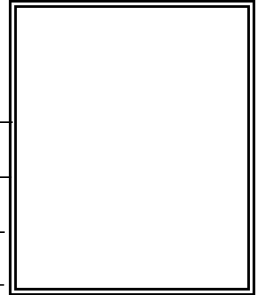
# FAMVAR INTERNATIONAL SEC. SCHOOL

PLOT 35B GRA PHASE 3 DIOBU, P.P. BOX 13451, PORT HARCOURT

## ADMISSION FORM

### PART A: STUDENT INFORMATION

NAME IN FULL (SURNAME FIRST): \_\_\_\_\_  
\_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
SEX: \_\_\_\_\_  
HOME TOWN OR VILLAGE: \_\_\_\_\_  
L.G.A.: \_\_\_\_\_  
STATE OF ORIGIN: \_\_\_\_\_  
NATIONALITY: \_\_\_\_\_ RELIGION: \_\_\_\_\_



### PART B: PARENT INFORMATION

NAME OF FATHER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
ADDRESS OF FATHER: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NO.: \_\_\_\_\_  
NAME OF MOTHER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
ADDRESS OF MOTHER (IF DIFFERENT): \_\_\_\_\_  
\_\_\_\_\_  
PHONE NO: \_\_\_\_\_  
NAME OF GUARDIAN (IF DIFFERENT): \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
ADDRESS OF GUARDIAN: \_\_\_\_\_

### PART C: EDUCATIONAL HISTORY

LAST SCHOOL ATTENDED: \_\_\_\_\_  
CLASS LAST PASSED WITH DATE: \_\_\_\_\_  
(PHOTOCOPY OF LAST RESULT SHOULD BE ATTACHED)  
REASON FOR LEAVING PREVIOUS SCHOOL: \_\_\_\_\_

(TRANSFER CERTIFICATE SHOULD BE ATTACHED)

### HEALTH INFORMATION

STATE ANY PHYSICAL  
STATE ANY PERSISTENT ILLNESS E.G

**FOR OFFICE USE ONLY**

DATE OF ADMISSION INTO THIS SCHOOL: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

OTHERS: \_\_\_\_\_

\_\_\_\_\_  
*HEAD ADMISSION SIGNATURE*

**DATE:** \_\_\_\_\_